



Photographic Release Form

I, _____,
(Print Parent/Guardian's Full Name)

parent/guardian of _____, do
(Print Child's Full Name)

hereby grant permission to the Albany Museum of Art the unlimited right to utilize and/or reproduce photographs, likenesses, or the voice of my child in any legal manner for the internal or external promotional/informational activities of the Albany Museum of Art.

I also agree to allow my child to be interviewed and/or photographed by representatives of the external news media in relation to any and all coverage of the Albany Museum of Art in which they are involved.

I further understand that by signing this release, I waive any and all present and future compensation rights to use the above stated material(s).

(Signature of the Parent/Guardian)

(Date)

(Street Address of Parent/Guardian)

(City, State, Zip)