

# Youth Photo Release Form

*Veterans of Foreign Wars Auxiliary (insert #)*

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I, \_\_\_\_\_, hereby authorize the use of my child's photograph for publication by VFW Auxiliary (insert #), including, but not limited to, VFW Auxiliary (insert #) social media sites, website, brochures, newsletters, e-newsletters and videos.

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
VFW Auxiliary Representative

\_\_\_\_\_  
Date