



## Photo Release

**For valuable consideration, I agree that Berry Patch can use any photographs that it takes of my minor child for any purpose it might reasonably select.**

**I understand and agree that my minor child may be included with other children in the photographs.**

Dated: \_\_\_\_\_

Minor's Name: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_