

Youth Photo Release Form

Veterans of Foreign Wars Auxiliary (insert #)



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