

Youth Photo Release Form
Department of Ohio
Veterans of Foreign Wars Auxiliary _____



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

Name of Child

Signature of Parent or Guardian

Date

VFW Auxiliary Representative

Date