



Society of Mayflower Descendants in Michigan



Release Form for Minor Children

I, (type or print name)

parent or guardian of (Minor's name)

hereby grant permission to the *Society of Mayflower Descendants in Michigan* (SMDM), to take and use photographs and/or digital images of my child for use in society publications and newsletters. These materials may include printed or electronic publications, web sites, or other electronic communications. I further agree that my child's name and identity may be mentioned in descriptive text or commentary with or without connection to image(s). I authorize the use of these images without compensation. All negatives, prints and digital reproductions shall be the property of SMDM.

Signature of Parent/Guardian: _____ **Date:** _____

Street Address

City

State

Zip

OR

I do not authorize the use of my child's name or initials to be used as specified above.

I do not authorize the use of my child's photograph and/or digital image as specified above.

I do not authorize the use of my child's photograph and/or digital image, nor name initials, or any identifiers, as specified above.

Signature of Parent/Guardian: _____ **Date:** _____

Street Address

City

State

Zip

Send completed release to:

Terri Kleinschmidt, Historian for Juniors
1453 Waterways Drive
Ann Arbor, MI 48108-2757