



Youth Photo/Recording Release

Youth's Name: _____

Parent's/Guardian's Name: _____

Address/State/Zip/Country: _____

Day phone: _____ Email: _____

Agreement:

I, being the parent/guardian of _____, hereby give permission for Sweet Adelines International and any of its affiliated organizations, including, but not limited to its regions and chapters, to use the name of my child and/or photographs/ artwork/videotapes/ electronic representations and/or sound recordings of my child on an ongoing basis for promotional, news, or public relations purposes in print and/or electronic media.

Furthermore, I hereby consent that such photographs/artwork/videotapes/electronic representations and/or sound recordings shall be the property of Sweet Adelines International and any of its affiliated organizations. They shall have the right to duplicate, reproduce and make other uses of such photographs/artwork/videotapes/electronic representations and/or sound recordings as they desire free and clear of any claim whatsoever on my part. All rights to fees, commissions, royalties, or profits received as the results of the distribution, sale, or lease of the recordings in any form are assigned to Sweet Adelines International to be used in any manner consistent with the purpose of Sweet Adelines International.

Signature of parent/guardian: _____ Date: _____