



MINOR PHOTO RELEASE FORM

I, _____, the parent or legal guardian of
_____ minor, grant Freedom4U my permission to use the
photographs with my minors image for any legal use, including but not limited to:
publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall
become payable to me by reason of such use.

Parent/Guardian's Signature: _____ Date _____

Parent/Guardian's Name: _____

Minor's Name: _____

Phone Number: _____

Send to:
Freedom4u
admin@freedomcommunity.com
Fax: 310-378-3024

336 Tejon Place, PVE, CA. 90274
Phone: 800-501-9801