



**Ladysmith Family and Friends Society**

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## Photo/ Testimonial Release and Permission Form

I give permission to Ladysmith Family and Friends Society to use a photograph of myself and/or my child/ren and or testimonials in its fundraising, education and promotional materials. I understand that the photographs and testimonials may be used in a publication, electronic media (e.g. video, website, CD-ROM), or other forms. I release the aforementioned society, its photographer(s), employees, and designers from liability for any violation of any personal or proprietary right I may have in connection with such use. I am 18 years of age or older.

Full Name: _____	Signature: _____
Date: _____	Name of Children: _____

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