



ADE ECE Photo Contest

PHOTO, PRESS, AND ELECTRONIC MEDIA RELEASE FOR MINORS

First and Last Name of Child: (The child's name **will not** be printed with the photo.)

First and Last Name of Parent/Guardian:

Address: _____
(Street)

(City) (State) (Zip Code)

Phone: _____ Email Address _____

I, Parent/Guardian of _____, hereby consent that photographs of my child(ren) may be used by the *Arizona Department of Education, Early Childhood Education Section*, its assignees or successors in whatever way they desire, including brochures, educational publications and electronic media. Furthermore, I hereby consent that such photographs are the property of the *Arizona Department of Education, Early Childhood Education Section*, and they shall have the right to duplicate, reproduce, and make other uses of such photographs as they may desire free and clear of any claim whatsoever on my part.

IN WITNESS WHEREOF I have hereunto set my hand, in the State of Arizona, this ____ day of _____, 2017.

Parent/Guardian Signature: _____ Date: _____



Photographer Information

Photo Title

(All Photos Must Be Titled – Please use the same title when you upload your photograph to the submission.)

Photo taken by (First and Last Name):

Relationship to Child: _____ Phone: _____

Address: _____
(Street)

(City) (State) (Zip Code)

Email address: _____