

RELEASE FOR MINOR CHILDREN

I, (print name) \_\_\_\_\_, parent or official guardian of (print child's name) \_\_\_\_\_, hereby grant permission to the General Society of Mayflower Descendants (GSMD), to take and use: photographs and/or digital images of my child/children 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/children's name(s) and identity (identities) may be mentioned in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints and digital reproductions shall be the property of GSMD.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

RELEASE  
Juniors ages 18 to 25

I, (print name) \_\_\_\_\_, hereby grant permission to the General Society of Mayflower Descendants (GSMD), to take and use photographs and/or digital images of me 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 name and identity may be mentioned in descriptive text of commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints and digital reproductions shall be the property of GSMD.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of adult subject over age 18

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

*please sign and return to:*  
[peggymarsh@comcast.net](mailto:peggymarsh@comcast.net)

*or by fax:*  
281-240-1441