



Photo Release Form for Minors (if under 18)

The Seton Consortium has my permission to use my child's photograph publically to promote The Seton Consortium. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also 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: _____

Child(ren) Name(s): _____

Photo Release Form Adults

The Seton Consortium has my permission to use my photograph publically to promote The Seton Consortium. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Signature: _____ Date _____

Name: _____