

Photo Release Form

Effective June 2024-May 2025



PARENT/GUARDIAN'S INFORMATION

Name _____

Address _____

City _____ State _____ ZIP Code _____

NAMES OF MINOR(S)

1 _____ 2 _____

3 _____ 4 _____

5 _____ 6 _____

Photo Release

I grant to We Got the Beat / Beyond the Beat the right to use my photograph.

I agree to release and hold harmless all directors, employees and agents of We Got the Beat / Beyond the Beat from any activity, error, or omission associated with the reproduction of my photograph.

I have carefully read this release and understand its contents. I am aware that this is an assignment and release of liability, and a contract between myself – if I am signing on behalf of a minor, that minor– and all of the releasees.

I sign it of my own free will.

Parent/Guardian Signature

Date Signed