



ORANGE COUNTY REGIONAL HISTORY CENTER

Photo Release Form

Child's Name _____

Address _____

City/State/Zip _____

Phone _____ E-mail _____

I hereby give permission for the Orange County Regional History Center to use my child's photograph, video, and digital image for promotional, news, or public relations purposes in print and/or electronic media for the History Center or Historical Society:

His/her photograph

His/her name

I do not give permission for photos to be taken or for his/her name to be used.

Parent/Guardian (please print) _____

Signature of Parent/Guardian _____ Date _____