

Photograph and Publicity Release Form

I,	
I have read and understood this consent and release.	
I give my consent to Rotary District 6510 and its Rotary Clepromote Rotary International, Rotary District 6510 and its cle	
Signature	date
Parent / legal guardian (if age 17 or younger)	date
I do not give my consent to Rotary District 6510 and its Rotary Clubs to use my name and likeness to Rotary International, Rotary District 6510 and its clubs, and/or their activities.	
Signature	date
Parent / legal guardian (if age 17)	date