



OPEF 2017-2018 Photo Release Form

I hereby grant Oak Park Education Foundation permission to take and use my likeness in photograph(s)/video in any and all of its publications and in all other media, including its website.

Date _____

Participant Name (Please print) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Participant Signature (if 18 years or older)

For Participants under the age of 18 years:

Parent/Guardian (Please print) _____

Parent/Guardian Signature _____