



2018-2019 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. Please print and turn in signed form during check in on March 2, 2019

Date _____

Participant Name (please print)

Address _____

City _____

State _____ Zip _____

Phone _____

Email _____

Participant Signature (if 18 years or older)

Parent/Guardian Name if Participant is under 18 (Please print)

Parent/Guardian Signature
