



**Lexington County Choral Society**

**P. O. Box 1179**

**Lexington, SC 29071**

## **PHOTO/AUDIO/MEDIA RELEASE FORMS (for minors)**

I hereby authorize Lexington County Choral Society (LCCS) to publish the photographs taken of me and/or the undersigned minor children, and our names, for use in the LCCS's printed publications and website.

I release LCCS from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize the LCCS to use their photographs and names.

I acknowledge that since participation in publications and websites produced by LCCS is voluntary, neither the minor children nor I will receive financial compensation.

I further agree that participation in any publications and websites produced by LCCS confers no rights of ownership whatsoever. I release LCCS, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Parent/Legal guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Names and Ages of Minor Children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_