

PHOTO RELEASE FORM

I _____ give permission to Jewish Family Services of Middlesex County (JFS) to take my photo and to use in brochure, newspaper, video, website, social media and other materials for the purpose of advertising, educational and promotional purposes for JFS programs. I understand that my permission can be revoked at any time if I notify JFS staff in writing.

Signature

Date

Parent/Guardian Signature (for child under 18)

Date

Bv/admin/forms/release form for pictures