



Photograph/Video Release Form

Child's name: _____

Address: _____

Home phone number: _____

By signing this document, I give my permission for the photograph/video of my child to be used by MENUCHA, Incorporated. My signature on this release form gives photograph release rights to MENUCHA, Incorporated. This release pertains to print as well as electronic media, including brochures, advertisements, annual reports, etc., and other materials used to promote MENUCHA, Incorporated.

Accepted and approved as written:

Print name

Signature

Date