



# **A.E.A.O.N.M.S. IMPERIAL YOUTH DEPARTMENT Photo Release Form**

**Date** \_\_\_\_\_

**Temple/Court Name and No.** \_\_\_\_\_

## **Permission To Use Photograph**

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**I grant the A.E.A.O.N.M.S., Inc. the right to take  
photographs of my child.**

**I agree that the A.E.A.O.N.M.S., Inc. may use such  
photographs of my child for any lawful purpose,  
including for example such purposes as publicity,  
illustration, advertising, social media and website  
content.**

☐

**I do not grant the A.E.A.O.N.M.S., Inc. the right to take  
photographs of my child.**

**I have read and understand the above:**

**Signature** \_\_\_\_\_

**Printed name of Parent/Guardian** \_\_\_\_\_

**Name of Child** \_\_\_\_\_

**Date** \_\_\_\_\_

**\*Please submit this form with the Youth Registration Packet**

**DEADLINE: APRIL 5, 2024**

Note: To ensure receipt, the forms can be emailed to: [youthdirector@aeaonms.org](mailto:youthdirector@aeaonms.org)

**THIS FORM MAY BE DUPLICATED**