

The Imperial Council

Imperial Youth Department, A.E.A.O.N.M.S, Inc.

Photo Release Form

Permission To Use Photograph

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**