

## IMAGE RELEASE FORM: PERMISSION TO PHOTOGRAPH/ RELEASE OF IMAGES & TEXT

I hereby give Stone Soup Group permission to take photographs or videotape of me and/or my child, and to collect text statements from me and/or my child.

Stone Soup Group has my permission to use these photographs, text, or videotapes for educational, public relations, publishing, grant management and public awareness purposes. I understand the individuals depicted in said text and/or photos will not be identified by name without my written consent.

I understand I may revoke this permission at any time by notifying Stone Soup Group. I understand that in the event that my permission is revoked, though previously published materials may still exist, Stone Soup Group will immediately stop using my submitted images and/or text for future publications.

	Name of Child
	Name of Child
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Parent or G	uardian Signature
	Relationship to Child