



DISASTERSHOCK CHILD (MINOR) NAME & PHOTO RELEASE FORM

I, _____, the parent or legal guardian of
_____ [Minor Child] grant Disastershock the
rights to use the name and/or photograph(s) of my child either individually or in a group on the
Disastershock website in order to share and publicize the work they are doing with our
organization through the Ambassador Program or in other capacities. *Please note that your
child's name will not be attached to their photo(s).*

Furthermore, I understand that no royalty, fee, or other compensation will become payable to
me by reason of such use.

Parent/Guardian's Signature: _____

Date: _____

Parent/Guardian's Name: _____

Child's Name: _____

Parent/Guardian's Email Address or Phone Number: _____