Bosque River Valley Chapter National Society Daughters of the American Revolution

Permission to Use Photos Constitution Week Contest How The Constitution Affects Me

 \Box **I give permission** for my photo[s] and/or photo[s] of my son/daughter to be included in DAR exhibits, publicity and/or website. I understand that my/his/her name may be used. The purpose of the display, publicity and/or website is to create an exhibit that is representative of DAR functions and activities.

 \Box I do NOT give permission for my photo[s] and/or the photo[s] of my son/daughter to be included in DAR exhibits, publicity and/or website.

Name of adult (please print):

Signature of adult:

Name of minor (please print):

Name of parent/guardian (please print):

Signature of parent/guardian:

_____ Date: _____

Email address: _____