Photograph & Information Release Form 2024-2025

I, do hereby, acknowledge and authorize the American Lung Association in Delaware to take and use photographs, video and written comments of or by myself, my family and/or my child for promotion and informational materials. Further, I agree to release and discharge the American Lung Association in Delaware and its sponsors from any and all liability in connection with the use of such photographs, videos and written comments of or by myself, my family and/or my child.

_____ _____

Signature *(If child is under 18, parental signature is required)* Date

Please Fill Out:

_____ _____

Name Email Address

_____ _____

Force Name Name of Adult Advisor