



Child Photo Release

As parent/guardian of _____, I hereby authorize Pioneers to use photographs of the aforementioned in the promotion of Pioneers volunteer activities.

I acknowledge that these photographs could also be used in such non-commercial promotional materials as brochures, flyers, newsletters, annual reports, direct mail fundraising campaigns, audio visual presentations, and on the web sites of Pioneer entities, sponsoring companies of Pioneers, partnership and beneficiary organizations.

In addition, I understand that these photos could also be shared with external media organizations, such as newspapers and television stations, to further promote the community service efforts of Pioneers.

Sincerely,

Signature

Date

Print Name of Parent/Guardian

Signature

Date

Print Name of Parent/Guardian

930 15th Street, 12th Floor, Denver, CO 80202-2932
Main 303-571-1200
Toll free 800-872-5995
info@pioneersvolunteer.org
www.pioneersvolunteer.org