Ladies Ancient Order of Hibernians

Consent to Photograph / Videotape / List Name a Child for Non-Profit Use

Child's Name_____

I hereby consent to the participation in interviews, the use of quotes, use of first name & first initial of last name, listing of county & or state and the taking of photographs or video of the child named above by the Ladies Ancient Order of Hibernians (LAOH).

I also grant to the LAOH the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet and other forms of media. I also hereby release the LAOH and its representatives from all claims, demands, and liabilities in connection with the above.

Signature of Parent/Guardian of Child (if child is under 18):

_____

Date_____

Address of Parent/Guardian:

_____

OR

Signature of Young Adult (if 18 or over):

_____

Date_____

Address of Young Adult:

_____