



**Wisconsin Garden Club Federation  
And**

**(Local Garden Club – if applicable)**

## **RELEASE FOR PUBLICATION AND WEBSITE**

Before sharing a name, information and/or photograph in one of our publications or on our website, the above-listed organizations require a signed release form from all adults and from the parent or legal guardian of any youth under 18. Please complete **both pages** of the release form below and email or send to:

**Name:**

**Address:**

**Email:**

ADULT:

I, \_\_\_\_\_ (print name),  
being over 18 years of age, hereby grant the above-listed organizations, the right to use my name, photograph, biography, city, state and/or article information, without compensation, on our website(s) and in any publication or written material.

Please print below as you wish your name to appear.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone number: \_\_\_\_\_ (For internal contact only, will not be published)

Email: \_\_\_\_\_ (For internal contact only, will not be published)

Date: \_\_\_\_\_

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**MINOR YOUTH SECTION: YOUTH UNDER 18 YEARS OF AGE**

**Please complete this section if you are the parent or guardian of a youth featured in one of our publications or on our website.**

**Please initial beside information you as parent/legal guardian release for use by the Wisconsin Garden Club Federation.**

\_\_\_\_\_ Child's name - please print below as you wish the name to appear:

\_\_\_\_\_ Child's photograph

\_\_\_\_\_ Child's biography

\_\_\_\_\_ Child's work or contest entry submitted to the above organizations

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Child's city, state (specific addresses are never used)

**I understand that the above-listed organizations will use my and/or my child's information, my and/or my child's submitted text and my and/or my child's likeness only for educational, informational and/or promotional purposes. I hereby agree to hold the above listed organizations, their licensees and affiliates harmless from any liability resulting from my and/or my child's statements and action depicted or described in the information, text and graphic representations.**

Print Name of h \_\_\_\_\_ :

Signature: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone number: \_\_\_\_\_ (For internal contact only, will not be published)

Email: \_\_\_\_\_ (For internal contact only, will not be published)

Date: \_\_\_\_\_

***For Internal Use Only***

**Permission Received**

**Date: \_\_\_\_\_ By Whom: \_\_\_\_\_**