MINOR (CHILD) PHOTO RELEASE FORM

I, [Signature], the parent or legal guardian of [Child] grant [GLOBE] my permission to use the photographs described as [videos and still photos of child completing science research at school] for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian’s Signature: [Signature] Date 3/8/22

Parent/Guardian’s Name: [Name]

Child’s Name: [Name]

Phone Number: [Phone Number]
MINOR (CHILD) PHOTO RELEASE FORM

I, [Signature] Andrew Freeman, the parent or legal guardian of Olivia Freeman [Child] grant [GLOBE] my permission to use the photographs described as [videos and still photos of child completing science research at school] for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian’s Signature: [Signature]  Date: 3/4/22

Parent/Guardian’s Name: [Signature] Andrew Freeman

Child’s Name: [Signature] Olivia Freeman

Phone Number: [Signature] 419-481-1331
MINOR (CHILD) PHOTO RELEASE FORM

I, Colleen Renucci, the parent or legal guardian of Quinn Renucci, [Child] grant [GLOBE] my permission to use the photographs described as [videos and still photos of child completing science research at school] for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian’s Signature: ________________________ Date 3-3-22

Parent/Guardian’s Name: Colleen Renucci

Child’s Name: Quinn Renucci

Phone Number: 414-343-6247
MINOR (CHILD) PHOTO RELEASE FORM

I, [Justin Saxton], the parent or legal guardian of [Jade Saxton], grant [GLOBE] permission to use the photographs described as [videos and still photos of child completing science research at school] for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian’s Signature: [Signature] Date: 3/1/27

Parent/Guardian’s Name: [Justin Saxton]

Child’s Name: [Jade Saxton]

Phone Number: 419-944-8649
MINOR (CHILD) PHOTO RELEASE FORM

I, Sara Pfoer, the parent or legal guardian of Nathan Pfoer, grant [GLOBE] my permission to use the photographs described as [videos and still photos of child completing science research at school] for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian’s Signature: ___________________________ Date: 3/1/22

Parent/Guardian’s Name: Sara Pfoer

Child’s Name: Nathan Pfoer

Phone Number: 419-371-8745
MINOR (CHILD) PHOTO RELEASE FORM

I, [Parent/Guardian's Name], the parent or legal guardian of [Child] grant [GLOBE] my permission to use the photographs described as [videos and still photos of child completing science research at school] for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian’s Signature: [Signature] Date: 3-1-22

Parent/Guardian’s Name: [Parent/Guardian’s Name]

Child’s Name: [Child’s Name]

Phone Number: [Phone Number]
MINOR (CHILD) PHOTO RELEASE FORM

I, [Name], the parent or legal guardian of [Child's Name], grant [GLOBE] my permission to use the photographs described as [videos and still photos of child completing science research at school] for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's Signature: [Signature] Date: [Date]
Parent/Guardian's Name: [Name]
Child's Name: [Name]
Phone Number: [Phone Number]
MINOR (CHILD) PHOTO RELEASE FORM

I, ___________, the parent or legal guardian of ___________, [Child] grant [GLOBE] my permission to use the photographs described as [videos and still photos of child completing science research at school] for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian’s Signature: ___________ Date ___________

Parent/Guardian’s Name: ___________

Child’s Name: ___________

Phone Number: ___________
MINOR (CHILD) PHOTO RELEASE FORM

I, [Signature], the parent or legal guardian of [Name], [Child] grant [GLOBE] my permission to use the photographs described as [Description] for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian’s Signature: [Signature] Date 3/2/22

Parent/Guardian’s Name: [Name]

Child’s Name: [Name]

Phone Number: [Number]
MINOR (CHILD) PHOTO RELEASE FORM

I, [Michelle Bostater], the parent or legal guardian of [Brayden Bostater] [Child] grant [GLOBE] my permission to use the photographs described as [videos and still photos of child completing science research at school] for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian’s Signature: [Signature] Date 3/1/22

Parent/Guardian’s Name: Michelle Bostater

Child’s Name: Brayden Bostater

Phone Number: 419-349-8807
MINOR (CHILD) PHOTO RELEASE FORM

I, __________, the parent or legal guardian of
CARTER WEISS [Child] grant [GLOBE] my permission to use the
photographs described as [videos and still photos of child completing science research
at school] for any legal use, including but not limited to: publicity, copyright purposes,
illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become
payable to me by reason of such use.

Parent/Guardian’s Signature: __________ Date 3/2/22
Parent/Guardian’s Name: RYAN WEISS
Child’s Name: CARTER WEISS
Phone Number: 419-509-3830
MINOR (CHILD) PHOTO RELEASE FORM

Jennifer Krueger, the parent or legal guardian of Zachary Krueger, grant [GLOBE] my permission to use the photographs described as [videos and still photos of child completing science research at school] for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian’s Signature: [Signature] Date 3.1.22
Parent/Guardian’s Name: Jennifer Krueger
Child’s Name: Zachary Krueger
Phone Number: 419-343-0678
I, **Alison Frye**, the parent or legal guardian of **Mackenzie Frye** [Child] grant [GLOBE] my permission to use the photographs described as [videos and still photos of child completing science research at school] for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

**Parent/Guardian’s Signature:** [Signature]  **Date:** 3/3/22

**Parent/Guardian’s Name:** **Alison Frye**

**Child’s Name:** **Mackenzie Frye**

**Phone Number:** **419-308-4311**
MINOR (CHILD) PHOTO RELEASE FORM

I, Ashley Hawkins, the parent or legal guardian of Megan Rockeigue [Child] grant [GLOBE] my permission to use the photographs described as [videos and still photos of child completing science research at school] for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian’s Signature: Ashley Hawkins Date 3/2/23

Parent/Guardian’s Name: Ashley Hawkins

Child’s Name: Megan Rockeigue

Phone Number: 516-901-2533
MINOR (CHILD) PHOTO RELEASE FORM

I, ________________, the parent or legal guardian of
__________________ [Child] grant [GLOBE] my permission to use the
photographs described as [videos and still photos of child completing science research
at school] for any legal use, including but not limited to: publicity, copyright purposes,
illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become
payable to me by reason of such use.

Parent/Guardian’s Signature: ________________ Date 2/3/22

Parent/Guardian’s Name: ____________________

Child’s Name: ____________________

Phone Number: ____________________

(330) 461-0074
MINOR (CHILD) PHOTO RELEASE FORM

I, Jami McCullan, the parent or legal guardian of Lucas McCullan, grant [GLOBE] my permission to use the photographs described as [videos and still photos of child completing science research at school] for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian’s Signature: Jami McCullan
Date: 3/1/22

Parent/Guardian’s Name: Jami McCullan

Child’s Name: Lucas McCullan

Phone Number: 419 250 9971
MINOR (CHILD) PHOTO RELEASE FORM

I, Andrea Crowley, the parent or legal guardian of Madison Crowley, grant [GLOBE] my permission to use the photographs described as [videos and still photos of child completing science research at school] for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian’s Signature: Andrea Crowley Date 3-2-22

Parent/Guardian’s Name: Andrea Crowley

Child’s Name: Madison Crowley

Phone Number: 419-410-7875
MINOR (CHILD) PHOTO RELEASE FORM

I, _______________, the parent or legal guardian of
Aiden J. Wilson [Child] grant [GLOBE] my permission to use the
photographs described as [videos and still photos of child completing science research
at school] for any legal use, including but not limited to: publicity, copyright purposes,
illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become
payable to me by reason of such use.

Parent/Guardian’s Signature: _______________________________ Date 3-222

Parent/Guardian’s Name: _______________

Child’s Name: _______________

Phone Number: _______________
MINOR (CHILD) PHOTO RELEASE FORM

I, ______ McIntyre, the parent or legal guardian of ______ McIntyre [Child] grant [GLOBE] my permission to use the photographs described as [videos and still photos of child completing science research at school] for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian’s Signature: ______ McIntyre Date 3/2/13

Parent/Guardian’s Name: ______ McIntyre

Child’s Name: ______ McIntyre

Phone Number: 419-874-6557
MINOR (CHILD) PHOTO RELEASE FORM

I, SUDHEER SADHU, the parent or legal guardian of VARNITH SADHU, grant GLOBE my permission to use the photographs described as [videos and still photos of child completing science research at school] for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian’s Signature: __________________________ Date: 03/03/2022

Parent/Guardian’s Name: SUDHEER SADHU

Child’s Name: VARNITH SADHU

Phone Number: 619-487-5763
NAME: Elise Segal

Parent/Guardian's Name: Shari Segal

Parent/Guardian's Signature: [Signature]
Date: 3/1/2023

I, Shari Segal, agree and consent to the following:

- The photos or images of the above minor child may be used by law enforcement or emergency personnel for identification and other purposes.
- The minor child may be photographed or filmed for the purposes of media release or other official use.
- The child's participation in the mentioned activity is voluntary.
- Any photos or images used will be kept confidential and will not be distributed without written consent.
- The child is of legal age and understands the consequences of the release.

MINOR (CHILD) PHOTO RELEASE FORM