

PHOTO/VIDEO RELEASE FORM

I hereby give permission to **WAIKALUA LOKO FISHPOND** under the Pacific American Foundation to use photos of me, my group, or photos of my child at the work day or school visit to the fishpond. I understand that the intended purpose of the video or photograph will be used solely for educational purposes. I waive any rights of compensation or ownership thereto.

Name of Participant/Group/Child (please print): _____

Age: _____ (if under 18 years of age)

Name of Parent/Guardian/Group Leader (please print):

Parent/Guardian/Group Leader's Signature:

Date:
