



## Skills USA Member Photo Release Form

Student's name: \_\_\_\_\_

I, \_\_\_\_\_ guardian of \_\_\_\_\_, hereby give  
Guardian's name Child's name  
LCHS Skills USA permission to use photographs of my child and my child's name on  
their website.

I hereby warrant that I am over the eighteen (18) years of age, and am competent to  
contract in my own name.

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

Name of above (please print): \_\_\_\_\_

Month/Date/Year: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Primary contact can be contacted at (circle one) work or home.

Telephone: \_\_\_\_\_

E-mail (optional): \_\_\_\_\_