



## PHOTO RELEASE FORM

I give permission to MACNY, The Manufacturers Association of Central New York, to use and publish my photograph for promotional purposes without compensation.

**Photograph Description and Location:** Manufacturing Month Tours, October 2025

**Possible Photograph Usage:** Website, media outlets, social media, and/or promotional materials.

☐ I do give consent for photos to be used.

☐ I do not give consent for photos to be used.

Student Name: \_\_\_\_\_

Student Signature (If student is 18 or older): \_\_\_\_\_

Parent or Legal Guardian Name (If student is younger than 18): \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_