

Fort Bend Museum Association Permission Form

For a minor

As the parent of _____, I give permission for any photographs or videos of my child to be used by the Fort Bend Museum Association in any of its publications or advertisements (newspapers, magazines, flyers, etc) for the purpose of promoting the programs of the Fort Bend Museum Association.

Name of minor

Name of parent/guardian

Street Address

Signature of parent/guardian

City, State and Zip

Phone and/or email

For an adult

I, _____, give permission for any photographs or videos of myself to be used by the Fort Bend Museum Association in any of its publication or advertisements (newspapers, magazines, flyers, etc) for the purpose of promoting the programs of the Fort Bend Museum Association.

Name

Signature

Street Address

Phone and/or email

City, State and Zip

Fort Bend Museum Association
500 Houston Street
Richmond, TX 77469
281-342-6478