

MAINE STATE SENATE

HONORARY PAGE INFO

Page Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Senator: _____

School and Grade: _____

Chaperone Name: _____ Relationship: _____

Desired Scheduling Week: _____
(We will do the best we can to accommodate your choice but cannot guarantee any dates)

MINOR (CHILD) PHOTO RELEASE FORM

I, _____, the parent or guardian
(Print)

of _____ (child), acknowledge the use of both
(Print)

video and photograph media in the Maine State Senate chamber. I understand that session will be live streamed on the internet for public viewing as well as recorded for media coverage.

Photographs may be used for all forms of media including print, digital, and social media for recognition purposes.

Parent/Guardian's Signature: _____ Date _____

Phone Number: _____