

Photo Release

Student Name:

Parent/Guardian Name:

As a parent or guardian of this student, I hereby consent to the use of photographs/video taken in connection with my students presence or activities with *Innovative Learning Connections* for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages. Please note that student name(s) will not be published by *Innovative Learning Connections*.

Yes, I give consent for Innovative Learning Connections to photograph my child and use said photographs/video as stated in the paragraph above.

No, I do not consent.

Parent Signature: _____ Date: _____