



PHOTO RELEASE

CHILD'S NAME: _____ DATE OF BIRTH: _____

MY CHILD IS UNDER THE CUSTODIAL CARE OF: (CHECK ONE)

BOTH PARENTS _____ **MOTHER ONLY** _____ **FATHER ONLY** _____ **OTHER** _____

PARENT / GUARDIAN

NAME(S): _____ **CONSENT AND**

RELEASE FOR THE USE OF PHOTOGRAPHS I hereby grant to Henry C. Sanborn School Parent-Teacher Organization, hereafter referred to as the Sanborn PTO, and to its employees, agents, assigns, and sponsors the right to use the photograph(s) that I have submitted of my dependent and to photograph my dependent and use the photos and or other digital reproductions of him/her or other reproductions of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

I hereby waive any right that the minor or I may have to inspect or approve the finished product or products or the advertising copy, Internet or printed matter that may be used in connection therewith or the use to which it may be applied.

I also understand that neither my child/children nor I will be paid for such photographs and I agree not to make any claims against the Sanborn PTO relating to or arising out of the taking of the photographs or any use of such photographs by the Sanborn PTO.

I certify that I am a custodial parent and have the aforementioned rights to assign. I further state that I have read the above authorization, release and agreement, prior to its execution and that I am fully familiar with the contents thereof.

SIGNATURE OF PARENT OR GUARDIAN: _____

TODAY'S DATE: _____