**PARENTAL/ GUARDIAN CONSENT FORM**

[insert logo]

**PHOTOGRAPHY / PUBLISHING OF WORKS / IMAGES OF MINORS**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being the legal parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(tick box to confirm your choice)*

 authorize

 do not authorize

[insert name of school] and its approved partners / agents to publish my child’s work, photographs, video and voice recordings and/or their likeness, whether taken by self or other party during School activities or events, for educational and promotional purposes. I understand that such publication may be within or outside of the School and in various media including print and electronic. I release [insert name of school], the photographer, their offices, employees, agents and designees from liability for any violation of personal or proprietary rights I may hold in connection with such use.

I additionally understand that [insert name of school] and her approved partners cannot guarantee absolute discretion at school activities and that by withholding consent I agree to my child being left out of activities where photographs and/or videos are likely to be taken.

**Parent / Guardian’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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