

PHOTOGRAPHY RELEASE

Permission to use child's image, name and/or school.	Permission to use adult image, name, organization name, and/or title.
I, _____, (Print Parent/Guardian's Full Name) am the parent or guardian of: _____ (Print Name of Minor Child) _____ (Print Name of Child's School)	I, _____, (Print Full Name) am an adult 18 years of age or older. _____ (Print Title) _____ (Print School or Organization Name)

I hereby grant and assign the California State PTA, its units, councils, districts and legal representatives, the irrevocable and unrestricted right to use and publish for editorial, trade, advertising or any other purpose and in any manner and medium, including website and internet promotion, **all photographic, video, and digital images as indicated below:**

<input type="checkbox"/> PHOTO / IMAGE <u>ONLY</u> of my child.	<input type="checkbox"/> PHOTO / IMAGE <u>ONLY</u> of myself.
<input type="checkbox"/> PHOTO / IMAGE <u>ONLY</u> of my child with SCHOOL NAME.	<input type="checkbox"/> PHOTO / IMAGE <u>ONLY</u> of myself with SCHOOL NAME or ORGANIZATION.
<input type="checkbox"/> PHOTO / IMAGE of my child with my CHILD'S NAME, and my child's SCHOOL'S NAME.	<input type="checkbox"/> PHOTO / IMAGE of myself with my NAME, my ORGANIZATION, and/or my TITLE.

By signing this, I hereby release the California State PTA, its units, councils, districts and its legal representatives from all claims and liability relating to said photographs, video and digital images.

Date: _____

Parent/Guardian/Adult Signature: _____

Print Name as Signed: _____

Address, City, Zip: _____

Telephone: _____ E-mail: _____

Please complete and return to:
