

PHOTO RELEASE FORM

I hereby authorize the Maple Heights City School District's representative to take photographs of my son/daughter, _____ during the 2011-2012 school year and give the school administration free and unlimited right and permission to use, distribute, and publish these photographs either with or without the child's name as identification. I hereby waive any right to inspect or approve such photographs and I hereby release, discharge, and agree to save the Maple Heights City School District from any liability in connection with the use of such photographs.

_____ Yes, I give my permission for my child to be photographed in various activities with Maple Heights City Schools

Parent or Legal Guardian Date

_____ No, I do not give my permission for my child to be photographed in various activities with Maple Heights City Schools

Parent or Legal Guardian Date