

**PHOTOGRAPH CONSENT FORM AND RELEASE**

**2017-2018**

**"Aristotle" Greek Saturday School**

With this form, I consent to have my son(s) and/or daughter(s) photographed, either individually or in class groups, when school is in session. I also consent to the use of my child's photograph, or likeness, to be displayed in boards, posters, or school advertisements. As the child's parent or legal guardian, I agree to release the Church, School Board, teachers, and volunteers from and against any and all claim demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use of my child's photograph, likeness in any medium.

Child (ren)'s Name(s):

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Parent/Guardian Name(please print)-----

Signature of Parent or Guardian----- Date-----

Phone Number-----Email-----

Parent Note (Please indicate here, if you do Not give consent):

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