



District 7600



PICTURE PERMISSION FORM

INFORMATION- PLEASE PRINT LEGIBLY

Sex (circle one) Male

Female

Student Name (First) _____ (Last) _____ (M.) _____

Date of Birth _____

Address _____

City _____ State _____ Zip _____

High School _____ Grade _____

Interact Club Name _____

Name of Parent/Guardian (First) _____ (Last) _____

Telephone (H) _____ (Cell) _____

Parent's/Guardian's Email _____

MAY YOUR CHILD/CHILDREN BE PHOTOGRAPHED?

YES _____ I hereby give the right and unrestricted permission and release, discharge and agree to hold harmless from any liability the Rotary District 7600, and any and all persons and corporations acting with its permission or for whom it is acting, to take, copyright, use and publish photographs, video and/or audio recordings of or concerning me/my child for any purpose the Rotary District 7600 deems desirable, including, but not limited to club websites and Facebook pages.

NO _____, I do not wish to be photographed.

Name of Parent/Guardian : **SIGNATURE** _____

DATE _____