

2327 L Street, Sacramento, CA 95816-5014

PHOTOGRAPHY RELEASE

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I,	I,
(Print Name of Child's School)	(Print School or Organization Name)
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☐ PHOTO / IMAGE ONLY of my child.	☐ PHOTO / IMAGE ONLY of myself.
PHOTO / IMAGE ONLY of my child with SCHOOL NAME.	PHOTO / IMAGE ONLY of myself with SCHOOL NAME or ORGANIZATION.
PHOTO / IMAGE of my child with my CHILD'S NAME, and my child's SCHOOL'S NAME.	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:	
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Print Name as Signed:	
Address, City, Zip:	
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