



STUDENT PHOTO RELEASE FORM

Student's Name: _____

Program Name: _____

This program is seeking or has received funds through Our supporting Agencies, which help raise funds for programs to purchase supplies and materials. For more information about our our supporting agencies, visit www.ccsifl.org.

In order to most effectively raise funds for this program, and to promote our our supporting agencies' mission as a whole, this program would like to submit photographs of the programs, including this student's photograph, first name, and/or likeness, to our our supporting agencies and associated donors or sponsors.

In order to create more exposure for our our supporting agencies mission and the need for more community support for our programs, our our supporting agencies would like the opportunity to use the photograph, name and likeness in any media, which may include, among others, news media, its social media sites (Facebook, Twitter, Instagram, LinkedIn), its websites, as well as the websites and social media sites of companies and organizations that partner with, sponsor and/or want to promote our our supporting agencies and promotional materials. You will not be compensated for this permission.

I am the legal parent or guardian of the student participant named above. I hereby permit the student participant named above to be photographed. I understand, agree, and give permission for Our supporting agencies and its partners to use the photograph, name, and likeness in any media, which may include, among others, news media, social media sites (including, without limitation, Facebook, Twitter, Instagram, LinkedIn), and websites, including, without limitation, the websites and social media sites of companies and organizations that partner with, sponsor and/or want to promote our our supporting agencies.

Print Name: _____

Signature: _____

Date: _____





PROGRAM PHOTOGRAPH AND MEDIA RELEASE FORM

In order to most effectively raise funds for your classroom, and to promote our supporting agency mission as a whole, please sign this form to grant permission to use your photograph, first name, and/or likeness, to Our supporting agencies and associated donors, sponsors, or media outlets.

To create more exposure for our supporting agencies' mission and the need for more community support for classroom learning, Our supporting agencies would like the opportunity to use the photograph/name/likeness in any media, which may include, among others, news media, its social media sites (Facebook, Twitter, Instagram, LinkedIn), its websites, the websites and social media sites of companies and organizations that partner with, sponsor and/or want to promote our supporting agencies and promotional materials. You will not be compensated for this permission.

This permission may not be revoked. Our supporting agencies will attempt to honor requests to discontinue the use of the image/name/likeness. Requests must be made in writing to info@ccsifl.org.

"I hereby permit you to be photographed. I understand, agree, and give permission for our supporting agencies and its partners to use the photograph, my name, and likeness in any media, which may include, among others, news media, social media sites (including, without limitation, Facebook, Twitter, Instagram, LinkedIn), and websites, including, without limitation, the websites and social media sites of companies and organizations that partner with, sponsor and/or want to promote our supporting agencies.

Program's Printed Name: _____

Signature: _____

Date: _____



COMMUNITY CONNECTION SERVICES

1832 Hancock Bridge Pkwy, Cape Coral, FL 33990