



Parent Release Form for Media Recording of a Minor/Copyright Release 2016-17

I, _____, the undersigned parent or legal guardian of _____ (the "Model"), do hereby grant permission (as indicated below) to The Montessori School of Rochester (the "Company"), its legal representatives, successors, and all persons or corporations acting with its permission, unrestricted permission to use, and/or publish photographic portraits or pictures of the Model, under legal name or pseudonym, and the negatives, transparencies, prints, or digital information pertaining to them, in still, single, multiple, moving or video format, or in which the Model may be included in whole or in part, or composite, or distorted in form, or reproductions thereof, in color or otherwise, made at any time through any media in photographer's studio or elsewhere for art, illustration, promotion, sale, trade, advertising or any other lawful purpose.

The authorization to use the image of my child, is as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Company's web site.

I hereby waive any right that I or the Model may have to inspect and approve the finished product or copy that may be used in connection with any image that the Photographer or the Company has taken of the Model, or the use to which it may be applied, nor shall I or the Model ask the Photographer or the Company for any compensation.

I further release the Photographer and the Company, from any claims that arise out of the use of my child's photograph for the aforementioned purposes.

I hereby warrant that I am of full legal age and have every right to contract for the Model in the above regard. I acknowledge that the Model is a minor, and state further that I have read the above authorization, release and agreement, and certify that I have given my consent freely.

Please check yes or no in the boxes below in which you would like to grant permission for use.

Photographs	Yes	No	Videos	Yes	No
Website	<input type="checkbox"/>	<input type="checkbox"/>	Website	<input type="checkbox"/>	<input type="checkbox"/>
School Yearbook	<input type="checkbox"/>	<input type="checkbox"/>	Social Media	<input type="checkbox"/>	<input type="checkbox"/>
Social Media	<input type="checkbox"/>	<input type="checkbox"/>	MSR Community (updates,emails)	<input type="checkbox"/>	<input type="checkbox"/>
MSR Community (updates,emails)	<input type="checkbox"/>	<input type="checkbox"/>			
Printed Materials	<input type="checkbox"/>	<input type="checkbox"/>			

Parent/Legal Guardian: _____ Date: _____ / _____ / _____