

STANDARD PHOTO RELEASE FORM FOR MINOR CHILDREN

I hereby authorize Appomattox Regional Governor's School for the Arts and Technology (ARGS) to publish photographs taken of me and/or the undersigned minor children, for use in ARGS's printed publications and websites.

I release ARGS from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize ARGS to use their photographs and names.

I acknowledge that since participation in publications and website produced by ARGS confers no rights of ownership whatsoever. I release ARGS, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Print Name of Parent or Legal Guardian: _____

Signature: _____ Date: _____

Street Address: _____

City, State, Zip: _____

Name and Age of Minor Child:

Name: _____ Age: _____