

Photography Release Form

I hereby consent to having my child's picture taken in connection with Educational Talent Search (ETS) during their duration of involvement in the ETS program. Further, I give ETS the right to use, reproduce, or distribute my child's photograph(s) for educational, publication, or recruitment purposes. I release ETS from any liability by virtue of any use of my child's photograph.
I prefer not to have my child's photograph included in publications, news releases, etcthrough ETS. This also means that my child will be asked to step out of group photos and actions shots. Therefore, they will not see themselves in the activity cds sent to groups after events.
Parent/Guardian signature on behalf of student, or student's signature if over 18 years of age.
Student's Name:
Parent's Signature:
Address:
(City) (State) (Zip)
Telephone:
Date: