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**Photography Consent & Release Form**

**ACTIVITY:**

**DATE & TIME:**

**LOCATON:**

Dear Parent/Legal Guardian

Please check here:

\_\_\_\_\_ IF YES, please read, fill out and sign:

\_\_\_\_\_ IF NO, I do not give permission to take photographs

I, as parent/guardian of the child/children listed below, hereby give permission to **East Meets West Parent Education Club (EMWPEC)** to take photographs of said child/children during the club's education and community outreach programs., and to use said photographs for institutional publicity purposes, at the EMWPEC discretion. Usage of photographs may include, but is not limited to, publication in newsletters, brochures, fliers, posters, and other institutional literature; reproduction and club's website; and distribution to the media for reproduction in newspapers, magazines, and advertisements for the EMWPEC. In giving this consent, I release EMWPEC from any liability for any violation of any personal or proprietary right I may have in connection with such use.

Signed,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Legal Guardian Date

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Name of Child Age

Please list full name and age of the child you do or do not wish to be photographed.