

Please provide all the information asked for below.

Name:	
Parent/Guardian's Name:	
Home Address:	
I. Parent/Legal Guardian of (child's name)  A Legacy of Giving, its agents and assigns, to use above named child's photo or video for the purpose of promotion by A Legacy of Giving for all forms, media and manners, following, but not limited to, news releases, photographs, video, audio, website, marke advertising, trade, promotion, exhibition for an indefinitr period of time.	, and likenes for the
I give unrestricted permission for images, video, and recordings of the child to be use video, digital and internet media. I agree that these images and/or voice recordings m for a variety of purposes and that these images may be used without further nitifying	av be used
I further acknowledge that I will not be compensated for these uses and the A Legacy owns all rights to the images, video, and recordings, and to any derivative works creathem.	of Giving ted from
I waive any right to inspect the uses of any printed or electronic copy. I hereby release of Giving and its agents and assigns from any claims that may arise from these uses, without limitation claims of defamation or invasion of privacy, or of infringement of mor rights of publicity or copyright.	including
This releases expresses the complete inderstanding of the parties.	
Signed:	
Printed Name:	
Date:	
Relationship:	
School Name:	