



Photo Release Form

Student's Name _____ Grade _____ Year _____

I give my consent to the unrestricted use, by the Manchester Community Schools and those acting with its permission and authority (the School), of any and all photographs and digital images taken of my child, named above, in whole or in part, including the unlimited use for all purposes, in any form or medium, and without limitation, its use in any publication or electronic media, including the internet.

I waive any right to inspect or approve the finished product or products or the copy or printed matter that may be used with the finished photographs or digital images.

Further, I relinquish all right, title and interests I may have in the finished photographs or digital images and reproduction, to any responsible business firm or publication. It is understood that the School retains the copyright of the images at all times under the express understanding and agreement that the School shall have exclusive reproduction rights to the images.

I hereby release the School from any and all claims in connection with the photographs and digital images, including any and all claims of libel.

I am the parent or guardian of a minor, named above. I have read the above and fully understand the release and its contents. I hereby grant permission for my child's/ward's photographs to be used in the manner specified above.

Date _____ Parent/Guardian's Signature _____

Street Address _____

City/State/Zip _____