



Heuser Hearing & Language Academy

AUTHORIZATION & RELEASE FOR PHOTOGRAPHS
(STILL & MOVING)

I, _____, authorize the Heuser Hearing &
(parent/guardian name)
Language Academy to use and reproduce any photographs, still and/or motion, taken of my child/ward during this school year for any purpose, including publication and advertising. I also authorize Heuser Hearing & Language Academy to use my name and any quotes in connection with the use of such photographs.

All such photographs, still and/or motion, and quotes shall be the exclusive property of the Heuser Hearing & Language Academy, and I hereby release and discharge the Heuser Hearing & Language Academy from any and all claims arising out of the use of such photographs, my name and any quotes in connection therewith.

I hereby warrant that I am the legal guardian of this child and I am over the age of eighteen (18) years and hereby give consent to the foregoing on his/her behalf, and that I have read the above authorization and release and am fully familiar with the contents thereof.

Signature: _____ **Date:** _____

Printed Name: _____

Relationship to Student/Child: _____