



FAMILY LIFE ACADEMY CHARTER SCHOOL III

HIGHBRIDGE

MOTT HAVEN

MORRISANIA

STUDENT AUTHORIZATION AND MEDIA RELEASE & CONSENT FORM

IMPORTANT: This form authorizes Family Life Academy Charter School to photograph, film, record or videotape a student for its non-profit use as a New York State Public Charter School.

Student's name: _____

I, _____, hereby authorize Family Life Academy Schools (as well as its employees, staff and designated representatives) to use the name (first name only), profile, likeness, and possible quotes of the above-named Student in connection with any photographs, films, movies or videotape of my child, and/or to make electronic recordings of my child. I understand that my child may be identifiable from such photographic or electronic reproduction.

I also authorize the use of my child's name (first name only), profile, likeness, or any photographic or electronic reproduction of my child for any purpose, including, the right to edit, use, reuse such Products for non-profit purposes, including use in print, on the internet, and all other forms of media.

I understand that there will be no financial or other remuneration for photographing, filming or recording my child, either for the initial or any subsequent or derivative use of said Products. On behalf of my child and myself, I waive any rights, claims, or interest I may have to control the use of my child's identity or likeness in whatever media used. I also hereby release Family Life Academy Charter Schools, as well as its agents, employees and representatives from all claims, demands, and liabilities whatsoever in connection with all that is stated within this document.

Agreed and accepted by:

Parent/Guardian Signature: _____

Date: _____

Not agreed upon nor accepted by:

Parent/Guardian Signature: _____

Date: _____