

CONSENT FORM

PHOTO / FILM / INTERVIEW

From time to time, our school will receive requests from the media to publicize our educational programs and student activities. In addition, your student's teacher may appreciate the opportunity to photograph, quote and videotape our students for use in the school newsletter, calendar, website and other promotional or training/education materials. We ask for your consent to allow your student(s) to participate if and when this should happen.

I hereby authorize Academia Antonia Alonso to photograph, videotape or film my student, or permit the media to photograph, videotape or interview him or her. I also authorize permission for Academia Antonia Alonso to use statements, endorsements and/or comments about the programs, services, conditions and personnel associated with my student's experience with Academia Antonia Alonso.

I understand and agree that Academia Antonia Alonso and its employees will bear no responsibility for the content of any news media coverage in which such filmed interview, film, videotape or photograph may be used.

Circle one:

I DO

I DO NOT

WISH TO GIVE MY CONSENT TO THIS REQUEST

STUDENT'S NAME (PLEASE PRINT): _____

PARENT / GUARDIAN NAME (PLEASE PRINT): _____

PARENT / GUARDIAN SIGNATURE: _____

DATE: _____