Marketing Waiver

Scholar's Information

First Name: _____
(Required)

Last Name: _____
(Required)

Is the scholar under 18 years of age? (Required)

Yes_____ No_____

As a parent or guardian of this scholar, I hereby consent to the use of photos and/or video recordings taken during the course of the school year for publicity, promotional and/or educational purposes (including publications, presentations or broadcasts via newspaper, TV, internet or other media sources). I do this with full knowledge and consent, and waive all claims for compensation for use or for damages.

_____ Yes, **I authorize** Phalen Leadership Academies to record or photograph my child for school publicity purposes while at school or school events.

_____ No, I **do not authorize** Phalen Leadership Academies to record or photograph my child for school publicity purposes while at school or school events.

Parent/Guardian's Name: _____
(Required)

Parent/Guardian's Signature: _____
(Required)

Scholar's Signature: _____
(Required for scholar's over 18 years of age)