



MEDIA RELEASE

I hereby grant permission to The Rhodes School and/or its assigns to photograph/interview my child, it is my understanding that this photograph/interview or portions thereof will be used for public view.

I agree to participate in this project without financial remuneration, and I understand that this releases. The Rhodes School and/or its assigns, including the photographer/interviewer from any future claims as well as from any liability arising from the use of said photograph/interview. This authorization shall remain in effect for perpetuity.

NAME OF CHILD: _____
(Please print or type)

ADDRESS: _____

CITY, STATE, ZIP _____

NAME OF PARENT/GUARDIAN: _____
(Please print or type)

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

