

PHOTOGRAPH USE CONSENT
FOR HMS SCHOOL PURPOSES



As parent/guardian of _____, I give my permission to have photos, videotapes, or any representative likeness of my child taken by HMS to be used for educational, promotional, advertising or fund raising projects related to HMS School for Children with Cerebral Palsy.

Signature of Parent/Guardian: _____

Date: _____

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PHOTOGRAPH USE CONSENT
FOR NON-HMS ORGANIZATIONS

Occasionally, HMS students participate with other non-profit organizations and those organizations may request use of HMS photos to support their separate organizational interests. When the administration of HMS School agrees that there is a legitimate reason for that request and that no ID of a student except the photo/likeness will be given, we request your advance permission to release the photo/likeness of your child. Some of those groups over the years include: The Philadelphia Orchestra, the Dickens Fellowship, Art Museum of Philadelphia, Clark Park May Fair.

If you additionally consent to use of your child’s photo/likeness in these instances even if the group is not identified above by name please indicate here.

I give permission to have photos, videotapes or any representative likeness of my child involved in an HMS sponsored activity used by another non-profit entity when the HMS administration agrees to share photos/likenesses of the students having parent authorization.

Signature of Parent/Guardian: _____

Date: _____