

R T Hudson School

Image Release Form

Ann Guy, M.Ed.
Principal



For value received, I hereby consent and authorize the **RT Hudson School** or its assigns, to use my name and the name and/or the names of my family members who are minors as listed below, as well as my likeness, photos, videos and other information (or that of family members who are minors) for the purpose of news releases, advertising, publicity, publication or distribution in any manner whatsoever. I further consent to such use in their present form and to any changes, alterations, or additions thereto. I hereby release the **RT Hudson School** from all liability in connection with all such uses.

Dated this _____ day of _____, 20____.

Permission granted by: Parent/Guardian

:

(Please **print** name)

(Please **sign** name)

Address: _____

Telephone Number: _____

Witness:

Additional Minor Family Members to Whom the Release

Applies:
