

**NORTHEASTERN ACADEMY**

**IMAGE RELEASE FORM**

For value received, I hereby consent and authorize the **NORTHEASTERN ACADEMY** or its assigns, to use my 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 **NORTHEASTERN ACADEMY** from all liability in connection with such uses.

Dates this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

**Signed:**

\_\_\_\_\_  
**(Please print name of parent or guardian)**

\_\_\_\_\_  
**(Please sign name of parent or guardian)**

**Home Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Additional minor family members  
to**

**Whom the release applies:**

**Witness:**

\_\_\_\_\_  
**(Please print name)**

\_\_\_\_\_  
**(Please sign name)**

\_\_\_\_\_

\_\_\_\_\_