**Photo Release Form**

Learning for Independence Program at Gaithersburg High School

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize Gaithersburg High School LFI Program permission to use my child’s likeness in a photograph in any and all of its publications, including but not limited to all Gaithersburg High School LFI Program’s printed and digital publications. I understand and agree that any photograph using my child’s likeness will become property of Gaithersburg High School LFI Program and will not be returned.

I acknowledge that since my child’s participation with Gaithersburg High School LFI Program is voluntary, and I will receive no financial compensation.

I hereby irrevocably authorize Gaithersburg High School LFI Program to edit, alter, copy, exhibit, publish, or distribute any photos for purposes of publicizing Gaithersburg High School LFI Program’s programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my child’s likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge Gaithersburg LFI Program from all claims, demands, and causes of action which I, my heirs, representative, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If student is under 18 years of age)