

Photo Consent Form

I hereby grant The Boston Ability Center permission to use my child's likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of The Boston Ability Center and will not be returned. I hereby irrevocably authorize The Boston Ability Center to edit, alter, copy, exhibit, publish or distribute photos for purposes of publicizing The Boston Ability Center's programs or for any other lawful purposes. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein the likeness of my child appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of photographs. I hereby hold harmless and release and forever discharge The Boston Ability Center from all claims, demands, and causes of action which I, my heirs, representatives, administrators, or any other persons acting on my child's behalf.

I hereby certify that I am the parent or guardian of _____,
and give my consent without reservation to the foregoing on behalf of this person.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____ Date _____