

San Diego Greek Language School
Parent/Guardian Publicity Authorization and Release

Dear Parent/Guardian

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1. _____
Name of Pupil (please print)

2. _____
Birthdate (please print)

3. _____ Name of
Parent (please print)

I, as a parent or guardian, of the above named pupil fully authorize and grant the San Diego Greek Language School and its authorized representatives, the right to print, photograph, record, and edit as desired, the biographical information, name, image, likeness, and/or voice of the above named pupil on audio, video, film, slide, or any other electronic and printed formats, currently developed, (known as "Recordings"), for the purposes stated or related to the above.

I understand and agree that use of such Recordings will be without any compensation to the pupil or the pupil's parent or guardian.

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I understand and agree that the San Diego Greek Language School and/or its authorized representatives shall have the unlimited right to use the Recordings for any purposes stated or related to the above.

My signature shows that I have read and understand the release and I agree to accept its provisions.

Signature of Parent/Guardian

Date Signed