



**Gifford Middle School Band
Parents Association, Inc.**

Web Page Photo Release Form

Student Name: _____

Band: _____

Completion of this form allows the Gifford Middle School Band Parents Association to post photos of the student and two adult family members on the band's web page.

Permission for Student's Photos/Pictures

I, _____, am the natural parent or legal guardian of the above named student and I give permission for the use of his/her picture(s) on the Gifford Middle School Band's web page as long as the GMS Band Parents Association, Inc may choose to use the picture(s).
I do / do not (please circle) agree that the student's name may appear on the web page.

I understand that this web page is on the Internet and can be accessed worldwide. I agree to release the Gifford Middle School Band Parents Association, Inc. and its members for any liability or loss of privacy that may result from the use of the picture(s) on the World Wide Web.

Parent/Guardian Signature _____ Date _____

Please Print Name _____

Permission for 1st Adult Photos/Pictures

I, _____, give permission for the use of my picture(s) on the Gifford Middle School Band's web page as long as the GMS Band Parents Association, Inc may choose to use the picture(s). I do / do not (please circle) agree that my name may appear on the web page.

I understand that this web page is on the Internet and can be accessed worldwide. I agree to release the Gifford Middle School Band Parents Association, Inc. and its members for any liability or loss of privacy that may result from the use of the picture(s) on the World Wide Web.

Signature _____ Date _____

Please Print Name _____

Permission for 2nd Adult Photos/Pictures

I, _____, give permission for the use of my picture(s) on the Gifford Middle School Band's web page as long as the GMS Band Parents Association, Inc may choose to use the picture(s). I do / do not (please circle) agree that my name may appear on the web page.

I understand that this web page is on the Internet and can be accessed worldwide. I agree to release the Gifford Middle School Band Parents Association, Inc. and its members for any liability or loss of privacy that may result from the use of this picture on the World Wide Web.

Signature _____ Date _____

Please Print Name _____