



Town of Quartzsite Summer Program

Photography Consent Form

Dear Parent/Guardian

As the parent of _____, I agree to the following:
I understand that my child whose name is given above may be photographed at any time normal program hours, field trips, or activities. I understand that these photographs may be used in promoting program services, either in print or on the Internet. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation.

Parent/ Guardian Name _____ Relationship to child: _____

Parent/ Guardian Signature _____ Date _____