



Photo/Website/Social Media Release Form

By signing this form, I hereby authorize Cedar Lake Historical Association (CLHA) the following:

- I grant CLHA permission to photograph/video record my child while involved in activities at CLCNWI.
- I grant CLHA permission to use any photographs, video footage or voice recordings of my child taken during their activities at CLHA to be posted on CLHA’s website, Facebook, brochures, flyers or any other publication (if names are added, only first names will be used).
- I understand that I have the right to request, in writing, to have a photo removed from the CLHA website or social media account(s) within 10 working days from my request.
- I understand that all rights, title and interest in the photography or videography obtained belongs to CLHA and that I will receive no financial compensation for the use of these photos and/or video. CLHA may edit, copy, alter or revise the photos/video as they see fit. CLHA will retain control over the use and distribution of the photographs/video.

Parent/Guardian: (please print) _____ Date: _____

Signature of Parent/Guardian: _____

Student’s Name: _____ School: _____

Can () Cannot () be photographed, videoed and/or interviewed (check one)

Parent’s E-mail Address: _____



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