



Russian Language Enrichment Workshop

Photo Release Form

Childs Name _____

Date _____

Parent/Guardian Name _____

Relationship to Child _____

I hereby grant permission, without reservation, to the Shorefront YM-YWHA and the United Jewish Appeal-Federation of Jewish Philanthropies of New York, Inc, ("UJA-Federation"), and those authorized by the Shorefront YM-YWHA and. UJA-Federation, to take photographs and to make recording of me and to use them in original or modified form in all media now or hereafter known, with or without my name or information about me, for the promotion, public education, and/or fundraising activities of both organizations. I understand and agree that I am entitled to receive no compensation for the above.

I release The Shorefront YM-YWHA and UJA-Federation its officer, director, agents, employees, independent contractor, licensees and assignees from all claims that I now have or in the future may have relation to the above.

I agree that The Shorefront YM-YWHA and UJA-Federation will be the sole owners of all tangible rights in the above mentioned photographs and recording, will full power of disposition.

I am the parent or guardian of the minor named above, and I hereby consent to the foregoing on behalf of the minor and myself

Signature _____

For Office use only:

Total Fees:

\$ _____	Receipt # _____	Date ___/___/___	Paid \$ _____	Balance \$ _____	Period Paid: from _____ to _____
\$ _____	Receipt # _____	Date ___/___/___	Paid \$ _____	Balance \$ _____	Period Paid: from _____ to _____
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\$ _____	Receipt # _____	Date ___/___/___	Paid \$ _____	Balance \$ _____	Period Paid: from _____ to _____

Other Discounts: Reason for a Discount _____ Amount: \$ _____