

Haverford Robotics Photo/Media Consent Form

I, _____ the legal guardian of _____,
(Legal Guardian's Name) herein called "I"

grant permission to Haverford Robotics Booster Club, HHS's FRC Team 484 and/or HMS's FTC Team 25016 and sponsors of the previously listed entities the absolute right and permission to use photographic portraits, pictures, digital images or videotapes (with audio) of My Child or in which My Child may be included in whole or part, or reproductions thereof in color or otherwise for any lawful purpose whatsoever, including but not limited to use in team submitted awards, publications, YouTube videos, social media platforms, or on the team website, without payment or any other consideration.

I hereby waive any right that I may have to inspect and/or approve the finished product or the copy that may be used in connection therewith, wherein My Child's likeness appears, or the use to which it may be applied.

I represent that I am at least eighteen (18) years of age, a legal guardian of My Child, and am fully competent to sign this Release.

PLEASE CHECK ONE OF THE BOXES BELOW THEN SIGN YOUR NAME(S)

CONSENT: We/I hereby certify that We/I are/am the parent(s) or guardian(s) of the above named child and do hereby give our/my consent without reservation to the foregoing on behalf of My Child.

NON-CONSENT: We/I hereby certify that We/I are/am the parent(s) or guardian(s) of the above named child and do not hereby give our/my consent without reservation to the foregoing on behalf of My Child.

(Legal Guardian's Printed Name)

(Legal Guardian's Phone Number)

(Legal Guardian's Signature)

Date