

Charlotte Public Schools
348 State Street
Charlotte, Michigan 48813
517-541-5100

Carl R. Ellinger, Superintendent

Release Form for District Promotional Activities

I, _____, do hereby give Charlotte Public Schools and their representatives the right to use my name, picture, portrait, or photograph in all forms and media and in all manners, for advertising, trade, or any other lawful purposes, and I waive any right to inspect or approve the finished version(s), including written copy that may be created in connection therewith. I am of full age. I have read this release and am fully familiar with its contents.

Model _____ Witness _____

Address _____ Address _____

Date _____ Date _____

Consent (if applicable)

I am the parent or guardian of the minor named above and have the legal authority to execute the above release. I approve the foregoing and waive any rights in the premises.

Parent/Guardian _____ Witness _____

Address _____ Witness _____

Date _____ Date _____