



SCHOLASTIC ADVANCEMENT CONCEPTS

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RELEASE FORM FOR MINOR CHILDREN CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE

Student Name: _____ SAC Center: _____

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the Student named above by SCHOLASTIC ADVANCEMENT CONCEPTS

I also grant to SCHOLASTIC ADVANCEMENT CONCEPTS the right to edit, use, and reuse said products for all purposes including use in print, on the internet, and all other forms of media. I also hereby release the SCHOLASTIC ADVANCEMENT CONCEPTS and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian (if Student is under 18): _____ Date: _____

Address of Parent/Guardian: _____

OR

Signature of Student (if 18 or over): _____ Date: _____

Address of Student: _____
