



Andover A Better Chance Use of Photographs/Film/Video Authorization Form

I hereby assign and grant to Andover A Better Chance the right and permission to use and publish any photographs/film/video tapes made of my daughter / ward in which she is identified by her full name. I hereby release Andover A Better Chance from any and all liability from such use and publication. I understand that these photos/film/videos will be used only for purposes related to the mission of the Andover A Better Chance program, including publicity, marketing and promotion. This includes newspapers, program brochures, the Andover ABC newsletter, and the Andover ABC website.

Parent or Guardian:

School year: _____

Student name: _____

Signature: _____ Date: _____

Printed name of signature: _____