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**PHOTOGRAPH RELEASE AND CONSENT FORM**

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Name of Student: \_\_\_\_\_

Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

I, \_\_\_\_\_ hereby, give permission to the **International**  
**parent/legal guardian (please print)**

**Ultraviolet Association** to photograph my child, \_\_\_\_\_, only  
**student name (please print)**

during their participation in the summer camp program. I further give permission to use their photographs and statements featuring their involvement in the summer camp program; for **IUVA** publication purposes during or after this event.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Parent/Guardian Telephone: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

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*Please note: When photographs or quotes are used in IUVA's publications a copy of the publication is sent to the school.*