

Release Form

On _____

will be at _____

in _____

photographing for _____ .

I agree that you may photograph me or my child/ward and that you may use such images for the *NJEA Review* produced by the New Jersey Education Association (NJEA). Photographs may also be used by NJEA for promotions, professional development, educational purposes and rerun or copy said person's appearance in any medium or forum, including on *njea.org* and NJEA's social media properties (e.g. Facebook, Twitter, Instagram).

If under 18, this form must be signed by the parent/guardian of the minor child. Minors and their parents will be identified on screen by their first name only if necessary.

I understand that I will not be paid, and I may not revoke my permission.

Please print legibly and return this form to your child's teacher.

Name of person photographed: _____

Signature of parent/guardian: _____

Address: _____

City State Zip: _____

Phone: _____



New Jersey Education Association
180 W. State Street, PO Box 1211
Trenton, NJ 086074-1211
609-599-4561
www.njea.org