



CALIFORNIA
DEPARTMENT OF
EDUCATION

1430 N STREET
SACRAMENTO, CA
95814-5901

JACK O'CONNELL

State Superintendent of
Public Instruction

PHONE: (916) 319-0800

PHOTOGRAPHIC AGREEMENT & RELEASE FORM
Permission for Participation by a Minor

I understand that a photograph and short biography of the minor named below will be provided to the California Department of Education (CDE). I hereby consent to the photograph and biography of the named minor that will be produced for CDE, and become the property of the CDE to be used to highlight the achievements of deaf and hard of hearing youth during CDE's Deaf Awareness Week, September 20-24, 2010. I also verify my authority as parent or guardian to make such agreements on behalf of the named minor.

I do hereby release and hold harmless the CDE, its officers, employees, agents, or assigns from any claims. This Agreement constitutes the entire Agreement between the CDE and signed parent/guardian on behalf of the named minor.

THE PARTIES have read and agreed to all the terms set forth herein.

Minor (full name): _____

Printed Name of Parent/Guardian (if minor is under 18): _____

Signature of parent/guardian _____

Mailing address: _____

Street Address _____

City _____ State _____ Zip code _____

Telephone number _____ e-mail address _____