

PfISD Fire Academy
Photo Release

I am the parent or guardian of _____ and give the PfISD Fire Academy and those acting under its permission or upon its authority the unqualified right and permission to photograph, film, record, publish, circulate or otherwise use my child's name, statements, and / or photographic likeness in still, single, multiple or moving images in which my child may be included in whole or in part, or in composite.

I waive any right to inspect and authorize any finished product or copy that may be used or the use to which it may be applied.

This authorization is irrevocable.

Print Parent / Guardian Name

Date

Parent / Guardian Signature

Area code / Telephone number