

PHOTOGRAPHY/OBSERVATION PERMISSION FORM

Full permission and authority is hereby granted to Indiana Purdue University Fort Wayne, and its duly appointed representatives to allow educational observations and photographs, film, or videotape of:

Full name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_

Full name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_

Full name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_

and to use such photographs and information which may be used for educational, public relations and other publication purposes related to IPFW. The name of the child(ren) may be used in connection with the above unless that right is specifically refused by notation to that effect.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_