



## **CONSENT TO PHOTOGRAPH/PERMISSION TO USE PHOTOGRAPH**

I grant to National PTA, its' representatives and employees the right to take photographs of me and my family in connection with the Association. I authorize National PTA, its assigns and transferees to use and publish the same in print and/or electronically.

I agree that National PTA may use such photographs of me and my family with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and Web content.

- I have read and understand the above

Signature:

Printed Name:

Date: