## INTERNATIONAL ACADEMY OF ARTS AND SCIENCES

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## **16** Photograph Release

Child's Name:	Date of Birth:
Address:	
Telephone:	
I, (Print Legal Name)	, grant permission to
Asunaro Kokusai Gakuen/International Acader	my of Arts and Sciences, to use my photographs
and those of my minor child (Name)	in the website
homepage, marketing brochure, and other elect	ronic or print media of said schools.
As of January 2018, Performance Day and/or S	ports Day videos may be used for online
promotional purposes.	
Under no circumstances will my name or the n	ame of my child be used in conjunction with
our photographs.	
Print Name of Parent/Guardian:	
Signature:	Date:
Relationship to Child:	