



**USE OF PHOTOGRAPHS/FILM/VIDEO AUTHORIZATION  
2024-25**

I hereby assign and grant to A Better Chance of Andover the right and permission to use and publish any photographs/film/video tapes made of my daughter/ward in which she is identified by her full name.

I hereby release A Better Chance of Andover from any and all liability from such use and publication. I understand that these photos/film/videos will be used only for purposes related to the mission of A Better Chance of Andover, including publicity, marketing and promotion. This includes newspapers, program brochures, the ABC of Andover newsletter, the ABC of Andover website, and social media platforms.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

Print Daughter/Ward's Name: \_\_\_\_\_