



**USE OF PHOTOGRAPHS/FILM/VIDEO AUTHORIZATION
2025-26**

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.

ALLOWED

Not ALLOWED

Parent/Guardian Signature: _____ Date: _____

Print Name of Parent/Guardian: _____

Print Daughter/Ward's Name: _____