

# BELL SCHOOL PARENT CONSENT FORM

Alexander Graham Bell School  
3730 N. Oakley  
Chicago, IL 60618

Board of Education  
125 S. Clark  
Chicago, IL 60603

TO WHOM IT MAY CONCERN:

I hereby consent to have my \_\_\_\_\_,  
(Relationship)

\_\_\_\_\_ photographed, video taped,  
(Child's Full Name)

audio taped and/or interviewed by the news media on the school premises when school is in session or when my child is under the supervision of the Board of Education, City of Chicago. I as a parent/legal guardian, agree to release and hold harmless the board of Education of the City of Chicago, its members, officials, agents and employees from and against any and all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use of my child on television, radio, motion pictures or in print media.

It is further understood and I do agree that no monies or other consideration in any form, including reimbursement for any expenses incurred by me or my child, will become due to me, my child, our heirs, agents, or assigns at any time because of my child's consideration in any of the above activities.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date