



2018-2019
Drive Safe Hampton Roads
Get It Together Seatbelt Challenge
Photo Release Form

School Name: _____

Date: _____

I hereby give Drive Safe Hampton Roads, its legal representatives and assigns,
the right and permission to publish photographs of my child,

(Name of Student being photographed)

These pictures may be used in publications, www.drivesafehr.org, audio-visual presentations, promotional literature, and advertising or in any other manner.

I hereby warrant that I am the legal parent/guardian of the above child.

Parent _____
(Signature of Parent/Guardian)

Printed Parent's Name _____

Contact Phone _____

Address _____

City _____ State _____ Zip _____

The participating student is over 18: Yes _____ No _____

Witnessed by _____
(Signature of witness)

This document is intended solely for the use of Drive Safe Hampton Roads
and should be treated as a confidential communication.

Please contact the Drive Safe Hampton Roads for any questions.

