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|  | **Office of Communications and Media Relations**  52 Chambers Street, New York, NY 10007 Tel: 212.374.5141 Fax: 212.374.5584 |

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**CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT FOR NON-PROFIT USE**

(e.g. educational, public service, or health awarenesspurposes)

Student Name: School:

I hereby consent to the taking of photographs of the Student named above, by the New York City Department of Education, the Justice Resource Center and II Liceum Ogólnokształcące im. Adama Mickiewicza w Gdyni, The City of Gdynia, European Solidarity Centre and all our partners of the event during the Student’s participation in the International Moot Court program on.

I also grant the New York City Department of Education, the Justice Resource Center and II Liceum Ogólnokształcące im. Adama Mickiewicza w Gdyni, The City of Gdynia, European Solidarity Centre and all our partners of the event the right to edit, use, and reuse such photos on the websites (and social media accounts) for the Justice Resource Center, the New York City Department of Education, II Liceum Ogólnokształcące im. Adama Mickiewicza w Gdyni, The City of Gdynia, European Solidarity Centre and all our partners of the event, in relation to the Student’s participation in the International Moot Court Program.

I also hereby release the City of New York, the New York City Department of Education, Justice Resource Center, and the II Liceum Ogólnokształcące im. Adama Mickiewicza w Gdyni, The City of Gdynia, European Solidarity Centre and all our partners of the event and sponsors here and their agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

I understand that I will receive no compensation in connection with the uses authorized in this consent.

Signature of Parent/Guardian (if Student is under 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR**

Signature of Student (if 18 or over): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_