



Privacy Release Form

I _____, parent(s) and/or guardian(s) of _____ hereby give permission
Print Print

For the ZNO Community Service Fund, Inc. and any affiliates to take photo(s) in connection with all activities associated with the promotion, advertisement, and display of the ZNO Community Service Fund, Inc. "Scholarship Program" a community service program.

I, understand that the photo(s)/video(s) will only be used in an appropriate manner by the ZNO Community Service Fund, Inc. and any affiliates, and will reflect positively upon my child's person, character, and reputation as well as the reputation of this prestige's organization.

I, release and hold harmless ZNO Community Service Fund, Inc. and any affiliates for any and all actions of others not associated or connected to the ZNO Community Service Fund, Inc. and any affiliates, who may use, or attempt to use my child's photo in a disparaging manner.

My signature as the parent(s) and/or guardian(s) and my child, (age 13 years and older), are affixed to this release and the date is evident that we have read and understand this privacy release form.

Child's Signature

Date

Date of Birth

Mother/Guardian's Signature

Date

Father/Guardian's Signature

Date