

## Temple Israel of Sharon United Synagogue Youth

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### Photo Release

I/We hereby permit my/our child \_\_\_\_\_ to be filmed or photographed by the Temple Israel United Synagogue Youth Department, its representatives, and employees. These photographs and videos may be used in publications, including electronic publications, or in audiovisual presentations, promotional literature, advertising, or in other similar ways.

I/We agree that Temple Israel USY may use such photographs of my/our child with or without his or her name and for any lawful purpose, including the above examples. I/We understand that this is without any compensation to myself/ourselves or my child.

I/We hereby warrant that I/we am/are over eighteen (18) years of age, and am/are competent to contract in my/our own name(s).

Parent/Guardian Signature(s) \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_

Primary contact can be contacted at (circle one): work home

Telephone: \_\_\_\_\_

(optional) E-mail: \_\_\_\_\_