

Household Name: _____

Parent/Guardian Name(s): _____



TRINITY SCHOOL
AT RIVER RIDGE

601 River Ridge Parkway, Eagan MN 55121

Permission for Photograph Use

To be completed by families with **new students only**.

Student Name(s):

I grant to Trinity Schools, Inc. the right to use and publish photographs of my child/ren or in which my child(ren) may be included, for editorial, advertising, and any other promotional purposes and in any manner and medium; and to alter and composite the same without my inspection or approval. I hereby release Trinity Schools, Inc. from all claims and liability relating to the said photographs. This permission may be revoked upon my written notice to Trinity Schools, Inc.

I do not grant Trinity Schools, Inc. permission to use and publish photographs of my children.

Parent/Guardian Signature

Date

Parent/Guardian Name Printed

Form to remain on file permanently.