

of my child.

Signature of parent/guardian

Jewish Family Service of Metrowest

475 Franklin Street Suite 101 Framingham, MA 01702-6265

508-875-3100 Fax 875-4373 TTY 875-0615 www.jfsmw.org

Consent to Publish Photographs & Video

| Consent to I upnsh I hotographs & video | |
|---|---|
| I, | cy. I understand that photographs or video images |
| will have the exclusive right to publish, dissemin | e. All photographs or videos taken of me by JFS agency, and Jewish Family Service of Metrowest |
| Funding Proposals & reports Presentations to Community Groups JFS Website Stewardship & cultivation Annual Reports General Promotional Materials | Newspaper articles E-Newsletters Agency & Program Brochures or Newsletters Social medial sites (e.g. Facebook, Twitter, Jewish Boston) |
| Please choose one: I have read and understand the above and co image for the purposes stated above. | ensent to the use of my photograph or video |
| OR | |
| I have read and understand the above and co image for the purposes stated above but pref | |
| OR | |
| I do not consent to the use of any photograph | h or video of me. |
| Signature | |
| consent to my child's photograph being used | . I have read the above and I for the purposes described above and release at may result from the use of any photo or video |

Date