



Andover A Better Chance Authorization Form **Program use of Photographs/Film/Video**

I hereby assign and grant to Andover A Better Chance the right and permission to use and publish the photographs/film/video tapes made of my daughter/ward

_____ (print name of scholar).

I hereby release Andover A Better Chance from any and all liability from such use and publication. I understand that these photos/film/videos will be used only for purposes related to the mission of the Andover A Better Chance program, including publicity, marketing and promotion. This includes area newspapers, program brochures, the Andover ABC newsletter, and the Andover ABC website.

Parent or Guardian:

Signature _____ Date _____

Printed Name: _____