



# Clarke Schools for Hearing and Speech

## RELEASE AND CONSENT FORM

*We believe the best way to demonstrate the power of Clarke's work is by providing real-life examples of our children, families and educators.*

I, the undersigned, being the parent or guardian for the student listed below, do hereby give my permission to Clarke Schools for Hearing and Speech to use my child's name and image (via photos/video/audio) in all forms of print, on the Internet and all other forms of media (including social media platforms such as, but not limited to, Facebook, Twitter, Flickr etc.) Your signature releases Clarke Schools for Hearing and Speech from all claims, demands and liabilities whatsoever in connection with the above.

Please indicate your answer by circling: **YES** or **NO**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone: (home )

(work)

(cell)

\_\_\_\_\_  
Parent/Guardian Email address