



RICHMOND ASSOCIATION FOR MONTESSORI
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RAM Photo Waiver / Release

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I, _____ (*please print name*), waive ownership of any photographic records taken by the Richmond Association for Montessori (RAM) and agree to permit RAM to use my image, or my child's image, (in photograph, digital, or electronic form) for and in RAM publications, posters, web-site or other media, without limitation, and agree not to make any claim for misappropriation of personality, breach of privacy, or other loss or damages against RAM in respect thereof.

(Signature)

(Date)

(Parent Signature)

(Parent Name - *please print*)

(Phone Number)