



CALDWELL SUMMER ACADEMY
AT CALDWELL UNIVERSITY

Parental Consent for Media and Photography Form

The following is to be carefully read and signed by the parents/guardian of the scholar(s):

1. I hereby consent to taking photographs, movies or videotapes of my child by Caldwell University or its designated representatives.
2. I also grant the right to edit, use and reuse said products for any and all educational and public services, advertising or marketing efforts, and release any and all rights, title and interest I or my child may have in said photographs, movies, videos, finished pictures, reproductions, copies or negatives of the same in connection with such uses.

Parent/Guardian Signature: _____ Date: _____

Return to: The Office of Admissions Newman Center 120 Bloomfield Avenue, Caldwell NJ 07006

or

Email: cucaldwellssummeracademy@caldwell.edu

NO SCHOLAR WILL BE PERMITTED TO ENTER THE ACADEMY WITHOUT THIS FORM