

Montessori School of Louisville, Inc.
IMAGE RELEASE FORM

Last Name of Participant

First Name

Initial

Home Street Address

City

State

Zip

Phone/E-mail

Last and First Name of Participant's Parent or Legal Guardian if Participant is a Minor

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Date

Signature of Participant or Parent or Legal Guardian (if Participant is a minor)*

*The parent with legal custody of minor must sign if parents are divorced or separated.