

Temple Beth Sholom Hebrew School

MEDIA CONSENT FORM

Select one of the three options by putting a check in the box according to your preference and then sign below.

OPTION 1: CONSENT I (we), the undersigned, consent to the taking of photographs or filming of my (our) child (ren) during Hebrew School and / or other school and temple-related activities. I (we) authorize the School committee and Temple Beth Sholom of Pascack Valley to admit to the classrooms and / or other areas of the temple photographers or videographers and the equipment they use. I (we) waive the rights that I (we) may have to any claim for payment or royalties in connection with any exhibition, publication of photographs or videos, regardless of whether such exhibiting or other showing is under philanthropic, commercial, institutional or private sponsorship. This includes publishing on our website at www.temple-beth-sholom.org. I (we) release Temple Beth Sholom, its Executive Board, the School Committee and the professional teaching staff of the Hebrew School from any liability in connection with the use of such materials.

OPTION 2: CONSENT WITH LIMITATIONS. It is understood that the foregoing consent is subject to the following limitations:

A. Under no circumstances will any such publication, photograph, video or material exhibited contain my (our) name.

B. Indicate any further limitations:

OPTION 3: NO CONSENT AT ALL.

 FAMILY NAME _____ PARENT SIGNATURE _____ DATE _____

HEBREW SCHOOL DIRECTORY CONSENT FORM

Select one of the two options by putting a check in the box according to your preference and then sign below.

Do you give permission for your family's names, address and phone number to be included in the Temple Beth Sholom Hebrew School 2009-10 Directory? No other information is included and no information is given to a third party. Please indicate below.

YES include our contact information in the directory.

NO THANKS.

 FAMILY NAME _____ PARENT SIGNATURE _____ DATE _____

