



**KIRK O' THE VALLEY**

~ A SCHOOL COMMUNITY SINCE 1961 ~

**CONSENT FOR USE OF LIKENESS**

I, \_\_\_\_\_ as the legal representative for \_\_\_\_\_  
Parent/Guardian Minor's Name

hereby consent to the use of our likenesses for the sole purpose of promoting Kirk O' The Valley School. I understand that the use of our likenesses will be limited to brochures, enrollment information, the school website, school Facebook page, school private Instagram page, private YouTube school videos and photos displayed on the school grounds. I hereby acknowledge that this authorization is volunteered without obligation of any kind on the part of Kirk O' The Valley School, its employees and designated agents. This authorization is given without hope or expectation of reward or compensation of any kind. I hereby waive my right to inspect or approve any materials which may from time to time be created by Kirk O' The Valley School and which may include our likenesses, images, photos, and voices. I, together with my heirs, assigns, agent, guardians, and legal representatives hereby release Kirk O' The Valley School from any and all claims, liabilities, and losses that may arise from its use of our likenesses, images, photos, and voices.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**SPORTS AND PLAYGROUND ACTIVITY PERMISSION FORM**

I, \_\_\_\_\_, the parent or legal guardian of the above named minor, hereby give my permission for his/her participation in the sports and playground activities of Kirk O' The Valley School. I agree to direct my child to cooperate and conform to directions and instructions of personnel responsible for the activities.

I agree that in the event my child is injured as a result of his/her participation in the above named activities, including transportation to and from these activities, whether or not caused by the negligence (active or passive) of the activity school program, or any of its agents or employees; recourse for the payment of any hospital, medical, dental or related costs and expenses will be paid either by me or my spouse, accident, hospital or medical insurance, or any available benefit plan of min or my spouse.

I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physical, surgeon, and dentist licensed under the Medical Practice Act and Dental Practice Act. As parent or legal guardian, I am responsible for the health care decisions of my child and am authorized to consent to services to be rendered, and no other consent is required by law.

I here give permission to the physician selected by the activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician or dentist.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date