



Reading Recovery® Council
of North America

Release Form for Child

I am the parent or legal guardian of the child identified below. The Reading Recovery Council of North America (RRCNA) has my permission to use photographs, video and audio recordings, and writings of my child in information produced and/or authorized by RRCNA for educational and promotional purposes about Reading Recovery. My child will not be identified by full name, school, or city without my permission indicated by checking the box below. I understand the material may be used in a variety of print and electronic media.

I agree that the materials are the property of RRCNA and may be used at RRCNA's discretion without compensation to me. I waive all rights to inspect or approve any finished products and release RRCNA and its representative from any and all claims that may arise concerning the use of these materials. This release is binding on me or anyone representing me or my child.

Name of Child (please print) _____

Check to allow identification of child by full name, school, city when applicable

Name of Parent or Legal Guardian (please print) _____

Signature of Parent or Legal Guardian _____

Mailing Address _____

City _____ State /Province _____ Zip Code _____

Email Address _____ Date _____