Pensacola State College 2018 CHECK-OUT AND EMERGENCY FORM

Student Name:	Mother/Father o	Mother/Father or Guardian's Name	
Student Number:	Work Address:_	Work Telephone Number:	
Address:			
City, State, Zip Code:			
Home Telephone Number:	Cell Phone Num		
As parent/legal guardian of the above named studer Pensacola State College Kids' College Program: Designee Name	nt, in addition to me, I authorize the follo Relationship to Child	wing individuals to pick up my child from the Best Phone Number	
Designet Nume			
Parent's Signature for Check-out Authorization	:	Date:	
a parent/guardian to obtain verification/authorization. be allowed to be checked out by the individual. Please tell us any specific information that would he parents' pick-up/drop off schedules, etc.)	elp us know your child better. (Example		
	Photography Release		
I, the undersigned parent or legal guardian of	r, Florida (the "College") for valuable con oughout the world (including without limi a existence or invented in the future), the rablicity, or any other purpose, photographs	sideration received, hereby irrevocably grant to the tation, print, non-theatrical, home video, CD-ROM, ight to use and incorporate (alone or together with	
I hereby agree that I will not bring or consent to others Property, or in the advertising and publicity used in whatsoever, including, without limitation, rights of p successors and assigns from and against any and all whatsoever that I may hereafter have against the College	connection therewith, is defamatory, refle rivacy and publicity. I hereby release the claims, demands, actions, causes of acti	cts adversely on my child, violates any other right e College, its trustees, officers, employees, agents,	
This Agreement shall not obligate the College to use distribute or exploit the Property.	the Property or to use any of the rights	granted hereunder, or to prepare, produce, exhibit,	
The College shall have the right to assign its rights here	eunder, without my consent, in whole or in	part, to any person, firm or corporation.	
AGREED TO AND ACCEPTED this day of	, 2018.		
Parent or Legal Guardian:	Printed Name	:	
Witness:		<u> </u>	
Witness:		:	