



# Ohavay Zion Synagogue

2048 Edgewater Court ☆ Lexington, Kentucky 40502  
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## 2023-2024 Media Permission Form

### One form per student please

Name of Student: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

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### **Photo Authorization and Release**

I hereby expressly grant to Ohavay Zion Synagogue and its employees, agents, and assigns, permission to photograph me and my children and use it in published material, on the internet, television, or any other media now or hereafter known, for art, advertising, trade, or any other purpose connected with the marketing efforts of Ohavay Zion Synagogue.

I hereby certify and represent that I have read the foregoing and fully understand the meaning and effect thereof and, intending to be legally bound, willingly give my signature.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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### **Permission to use Photographs/Videotape Recordings:**

\_\_\_\_\_ I give my permission for Ohavay Zion Synagogue to use photographs and/or videotape recordings of my child, as well as their names, participation in activities and events, honors and awards received and any information regarding my child, in articles about the Synagogue in local newspapers, Synagogue newsletter(s), on the Synagogue's Webpage on the Internet, and local television stations. I release Ohavay Zion Synagogue, its officers, employees, and volunteers, from any and all claims, demands, actions, causes of action, suits, damages and judgments as a result of the use of the above information about my child in the publications and other activities described above.

\_\_\_\_\_ I do not want the types of information described above regarding my child given to local newspapers, used in temple newsletters, on the Website, or given to local television stations, during the this school year.

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

Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

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