



ASC3 - ATT Connected Learning Center Parent or Guardian Consent Form		
Full Name of Minor		
First	Last	Middle Initial
Proof of Age (Minor must present a copy of proof of age that can be kept with personnel records). Type of Document:		
Address of Minor		
Street	City, State	ZIP
Date of Birth	Age	School District in Which Minor Lives
School Minor Attends		
Parent or Guardian Information		
Name of Parent or Guardian	Relationship to Minor	
Address of Parent or Guardian	Telephone Number	
Street	City, State	ZIP
I hereby certify that to the best of my knowledge and belief, the above statements are true and that the minor named above may attend the ASC3 - ATT Connected Learning Center with my approval.		
Signature of Parent or Guardian	Date Signed	
(Memo/Docs)		
ASC3 shall retain a copy of the Proof of Age AND Consent Documents. Instructor's Initials ____ Site Manager's Initials ____		



ASC3 - ATT Connected Learning Center Parent or Guardian Media Consent Form

I, _____, Parent/Guardian of _____ with a mailing address of _____, hereby grant permission to Ashbury Senior Computer Center (ASC3), with a mailing address of 11011 Ashbury Avenue, Cleveland, OH 44106, the rights of my child's image, in video or still, and of the likeness and sound of my voice as recorded on audio or videotape without payment or other consideration.

I understand that my child's image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finish product wherein my child's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my child's image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area

Photographic, audio or video recordings may be used for the following uses: courses and educational materials, media, news (press), online/internet videos, presentations.

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this release, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Signature of Parent or Guardian	Date Signed
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ASC3 shall retain a copy of the **Proof of Age AND Consent** Documents.
Instructor's Initials _____ Site Manager's Initials _____