



IHLA DOCUMENTS AND PICTURES RELEASE FORM

I hereby grant permission to the International and Heritage Languages Association (IHLA) on behalf of:

_____ to:
(Name of student/instructor/member)

(Check all applicable)

- Display my child's name on the association website (www.ihla.ca) and/or all IHLA's publications and documents.
- Display my own name on the association website (www.ihla.ca) and/or all IHLA's publications and documents.
- Display my child's photographs on the association website and/or all IHLA's publications and documents.
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I understand that the purpose for displaying a student's and/or individual's name and/or photograph on the website and all other publications of IHLA is to promote the association programs, activities and projects. Photographs may identify students and individuals as part of a group picture or individually. Pictures may also include students' work. Any person with access to the Internet and who receives IHLA publications at any point in time will be able to view the information provided on the association website and all its publications.

For further information concerning the completion of this form, please contact the IHLA office at

*International and Heritage Languages Association – IHLA
Room 302 - 10010 105 street – T5J 1C4 – Edmonton, Alberta
Phone: 780 – 428-5510 – Fax: 780 – 428-5549*

E-mail: ihla@telus.net – Website: www.ihla.ca

By signing this document I agree to authorize all indicated above.

Signature of Parent/Legal Guardian

OR

Signature of Student/Member 18 years of age or older

Date of Signature: _____