



Toledo Public Schools

The Power Of Learning

Consent and Release of Liability

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I am fully aware that I will not receive monetary compensation for my child's participation.

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Signature of Custodial Parent or Guardian

Student's Name (please print)

Relationship to Student

School

Address

Phone

I DO NOT GIVE PERMISSION TO USE MY CHILD'S PHOTO OR LIKENESS AS DESCRIBED ABOVE.

Signature of Custodial Parent or Guardian

Date