



Membership Form 2015-2016

Benvenuti! Welcome! Please fill out this form and return it with your payment. GRAZIE!!

Parent's Name: _____

Child's Name: _____

Grade Level: _____

Address: _____

Email: _____

Membership Fee \$25.00: _____ Donation: (optional) _____ Total amount enclosed: _____

Photo Release Form

I hereby grant the I.I.P.A. (Italian International Parents Association) permission to use my child/children likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property I.I.P.A. and will not be returned.

I hereby irrevocably authorize I.I.P.A. to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the I.I.P.A.'s programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge I.I.P.A. from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I hereby certify that I am the parent or guardian of _____, and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent's/Guardian's Signature)

(Date)

(Parent's/Guardian's Printed Name)



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