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I hereby consent to and authorize the use of and reproduction by, the National Spiritual Assembly of the Bahá'ís of the United States and its affiliated agencies and institutions (the "National Spiritual Assembly"), of any and all photographs and any other audiovisual materials taken of the registered individuals listed below for inclusion in any of the National Spiritual Assembly's promotional printed material, websites and online social media platforms, educational activities, or for any other manner and in whatever way the National Spiritual Assembly may desire to serve the best interests of the Bahá'í Faith.

Signature: _____

Signature: _____ Date: _____

Print Names (for persons under age 18, add name of Parent or Guardian): _____

MEDICAL RELEASE FORM

(To be completed & signed by parents of ALL STUDENTS UNDER AGE 18.)

The staff at the Louisiana Bahá'í School have my permission to obtain whatever medical care or diagnostic tests they deem necessary for the well-being of my children, named above, while they are attending the Louisiana Bahá'í School.

Name: _____

Allergies, Disabilities, Medications, Special diet: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Emergency Contact: _____ Telephone: _____

Family Doctor: _____ Telephone: _____

Medical Ins. Provider: _____ Policy Number: _____

Parent Signature: _____ Date: _____

SPONSORSHIP AGREEMENT

Each child under age 18 who the Louisiana Cypress Bahá'í School without a parent or legal guardian must be accompanied by a sponsor age 21 or older, responsible for the child's conduct and well-being, as a loving parent.

I, _____ agree to be responsible for the behavior and well-being of:

PRINT SPONSOR'S FULL NAME

Child's full name: _____ Child's full name: _____

In conformity with the standards of conduct of the Bahá'í Faith and the established rules of the Bahá'í School and the Facility Management during the time the above named minor(s) is (are) in attendance at the Louisiana Cypress Bahá'í School from November 24-26, 2017.

Signature of Sponsor: _____

I(we), _____ parent(s) of _____

hereby indicate my(our) understanding and approval of the above sponsorship and give the sponsor, _____

_____ authority to execute the School's Waiver of Liability on my (our) behalf.

I(we) understand and agree that my(our) child(ren)'s personal information, including name, address, phone number, date of birth, grade level, special needs (medical and learning-related), may be entered into a registration form, which may be maintained in an electronic version and the National Spiritual Assembly of the Bahá'ís of the United States and its Bahá'í School Committees will not sell this information to anyone or share it with anyone except when by law.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

Student Signature: _____ Date: _____