



INESLE - Spanish Summer Program in Madrid - SPAIN

PERMISSION TO PHOTOGRAPH – Form 7

Parent Name: _____
Last (family) *First* *Middle*

I hereby give permission to INESLE Madrid - Institute of Spanish (Carlos Aguado) to photograph or make videos of my son/daughter _____ and to use his/her photograph and/or video image in publications (newspapers, internet,...) promoting the program.

Signature of student: _____ Date: _____

Signature of parent: _____ Date: _____