

PLEDGE	
Student Name:	Grade:
•	spect for all members of Madison City Friends, and uring my time in MCF (initial)
•	tings and LMS Sponsored events. I will promptly alert at I will be missing a meeting/scheduled event.
Student Email:	
PHOTO/PUBLICITY RELEASE (Parent Signature Required)
permission to use my child's name, li be embodied in any pictures, photos the like, taken or made behalf of Ma and events. I agree that the program	on City School Madison City Friends Program keness, image, voice, and/or appearance as such my s, video recordings, audiotapes, digital images, and dison City School and Madison City Friends activities as names have complete ownership of such pictures and may use them for any purpose consistent with its
reprints, reproductions, publications educational materials in any mediur internet. I acknowledge that I will not pictures, etc, and hereby release Ma	ed to illustrations, bulletins, exhibitions, videotapes, s, advertisements, and any promotional materials or m now known or later developed including the receive any compensation, etc for the use of such dison City Schools and Madison City Friends and its I claims which arise out of or are in any way
	nsent and release and I give my consent to Madison ads to use my name and likeness to promote the neir activities.
Student Signature	Date
Parent/Guardian Signature	 Date