



**OVER THE RAINBOW A.S.B.I.
INTERNATIONAL SCHOOL**

IMAGE RIGHTS DISCHARGE

We, the undersigned, _____

Parents/Legal guardian(s) of the child: _____

Class: _____

Internal use

I authorize

I don't authorize

- Teacher photos

the teacher of the class to take photographs of my child using his/her personal device for purposes of the school (Over the Rainbow A.s.b.l. International School).

These photographs will not be shared unless for school purposes.

- Year book

the Over the Rainbow International School to take photographs of my child and to use them for the school Year book.

These photographs will not be shared unless for school purposes.

- Shutterfly

the teacher or the delegated parents/volunteers of the class take photographs of my child using his/her personal device for purposes of the school (Over the Rainbow A.s.b.l. International School).

These photographs will not be shared unless for school purposes.

External use

I authorize

I don't authorize

the Over the Rainbow A.s.b.l. International School Staff to take photographs of my child and to use them for:

- Newsletters
- Website
- Social Media (e.g.: Facebook, Instagram etc.)
- Advertising & Publishing

These photographs will not be shared unless for school purposes.

Luxembourg, ___ / ___ / _____

Parents or legal guardian(s) signature(s)
