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## **Parent / Guardian Permission Form**

*Please complete this permission form and return to your teacher before your scheduled portrait day.*

### **Student's Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

School \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Class \_\_\_\_\_

### **Parent / Guardian Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

### **Special Requests**

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check this box for permission to stylize your child's hair for one pose (flower, hair-pin or throwing a shaka)

### **Portraits Agreement**

I am the \_\_\_\_\_ (write your relationship) of the child whom I am authorizing photographs to be taken by Perfect Portraits and/or whom I may purchase photographs. Any purchase of these photographs will be for a lawful and non-commercial purpose. I agree to indemnify and hold harmless Perfect Portraits from any claims or disputes which may be brought against it as a result of my consent to allow photographs to be taken and/or by my purchase or use of photos.

### **Privacy Statement**

Perfect Portraits does not share personal information about you with other people or companies.

Signature \_\_\_\_\_ Date \_\_\_\_\_