



## ISCC Summer School Media Release

I \_\_\_\_\_ (parent's name) give permission for my child's  
\_\_\_\_\_ (skater's name) picture to be taken at the  
International Skating Center of Connecticut.

I understand that these photos may be used in marketing material for  
the International Skating Center of Connecticut and may appear in both  
printed and electronic media.

My signature below confirms that I authorize this.

\_\_\_\_\_ (parent's signature)

### Weeks Attending:

\_\_\_Week 1 (June 13-19) \_\_\_Week 2 (June 20-26) \_\_\_Week 3 (June 27-July 3)

\_\_\_Week 4 (July 4-July 10) \_\_\_ Week 5 (July 11-17) \_\_\_ Week 6 (July 18-24)

\_\_\_Week 7 (July 25-31) \_\_\_ Week 8 (Aug 1- 7) Total Weeks \_\_\_\_\_