

## Photo/Videotaping Information Release Form

I give permission for my child to be photographed or videotaped in his/her class activity and/or other school related activities as they relate to a general school day or special school program. I understand and agree to allow my child's image, and if applicable, their voice to be seen and/or heard as stated above, and/or information to be used as follows:

- in district publications
- school/district web sites
- the district's cable TV channel 13
- for broadcast
- in a news or feature story
- photo outline
- for use in professional conferences or in-services.

I understand and agree that my child's identity may or may not be published or broadcast.

Name of Student: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_