

PHOTO/VIDEOTAPING/INTERNET INFORMATION RELEASE FORM

I agree to be photographed or videotaped in school related activities as they relate to a general school day or special school program. I also give permission for my image, as stated above, and/or information to be used in a news or feature story, photo outline, or for broadcast. I understand and agree to allow my image and if applicable my voice or instrument performance to be seen and/or heard in district publications, promotional videotapes, year-in-review videotapes, program/school/district web sites, the district's cable TV channel or for use in professional conferences or inservices. I also understand and agree that my identity may or may not be published or broadcast and understand that there will be no monetary or other compensation for such use.

Name: _____ Date: _____

Signature: _____

Parent/Guardian Name: _____ Date: _____

Signature: _____