

Photography and Media Release Form

School Name: _____

Event Name: _____

Date: _____

Consent

I, the undersigned, hereby grant permission to the above-named school to photograph, videotape, or record my child/self during school events. I further give consent for such images or recordings to be used in school publications, on the school's website, social media, newsletters, and other media for educational or promotional purposes.

I understand that these images or recordings may be used without further notification, and no personal information other than first name and grade (if needed) will be released.

I acknowledge that neither my child nor I will receive compensation for the use of these materials.

Student Information

Student Name: _____

Grade/Class: _____

Parent/Guardian Name: _____

Parent/Guardian Signature

Student Signature (if appropriate)

Date

If you do **not** wish your child to be included in photos/videos, please notify the school office in writing.