

Photo/Film Release

I, the undersigned, understand and acknowledge that the Capitol Region Education Council may photograph and/or audio and video record my child on occasion during the _____ school year.

Student photographs, video, and first and last names may be used by CREC, the media, and non-CREC companies or organizations granted the rights by CREC, for public presentations, marketing materials, commercial and non-commercial purposes, and use on internet websites.

I hereby consent to my child being photographed and/or recorded without any payment, and release CREC from and against any and all claims which I have or may have for invasion of privacy, defamation or any other cause of action arising out of production, distribution, broadcast or exhibition of the materials.

I represent that I am a parent (or legal guardian) of the minor who is named below.

Child's name: _____

Child's age: _____

_____ I give permission for my child to be photographed and filmed and for his/her name and image to be released to the media and used by CREC for the purposes stated above.

_____ I do not give permission for my child's name or image to be released to the media or used for commercial purposes.

I understand that this release is effective upon the date signed. I further understand that my consent may be revoked at any time by notifying the school in writing of my request to revoke consent.

Name of parent/legal guardian (please print): _____

Signature of parent/legal guardian: _____

Date: _____

Please return this form as soon as possible, but no later than: _____

Forms may be returned to: _____