

Consent Form

PERMISSION TO PHOTOGRAPH/VIDEOTAPE

RELEASE TO UTILIZE

We recognize the value of audio-visual and other types of electronic communication in providing our child with an effective education and hereby grant permission for our child and/or his/her schoolwork products to be photographed or videotaped as part of an educational program produced by the students as part of a school project or competition.

We further grant permission for the photographs or videotapes to be used in media presentations that are made available as part of educational or health programs or on the Internet. We understand that our child's image may be revealed in the presentation(s). Any credits will list only our child's first name. No other information about our child or his/her schoolwork will be revealed without our prior consent.

Student(s) Name _____

Printed Name _____

Parent or Guardian Signature

Printed Name

Address _____

City _____

Zip Code _____

Telephone (Home) _____

Telephone (Work) _____

Date

It is the policy of the SAVE Council and/or Sponsoring Organization that no students shall be discriminated against on the basis of race, color, religion, national origin, or citizenship status, creed or ancestry, age, gender, disability, height, weight, or other protected characteristics.