

Photo Release Form

Date:

Child's Name:

I hereby authorize Sugar Salem School District #322 to publish the photographs or video taken of my child, and their name, for use in printed publications, videos, and on authorized Web sites.

I acknowledge that since my child's participation in media produced by the district is voluntary, we will receive no financial compensation.

I further agree that my child's participation in any media produced by the district confers no rights of ownership whatsoever to me or my child. I release the district and its employees/contractors from liability for any claims by me or any third party in connection with their participation.

PARENT'S/GUARDIAN'S SIGNATURE:
