

**PERMISSION TO USE PHOTOGRAPHS/VIDEOTAPE RECORDINGS**

Date: \_\_\_\_\_

**For students under the age of 18 years:**

I, the undersigned parent/guardian of (name of student) \_\_\_\_\_, ID# \_\_\_\_\_, a student in the Newburgh Enlarged City School District, give my permission for the Newburgh Enlarged City School District to use photographs and/or videotape recordings of my child, as well as the following types of information regarding my child, in articles about the District in local newspapers, District newsletter(s), the Yearbook, on the District's Webpage on the Internet, social media accounts, and local television stations, during the 2016-2017 school year.

- Name
- Participation in activities and sports
- Degrees, honors and awards received
- Student's work
- Photographs of child participating in school and school-related activities
- Videotape recordings of child participating in school and school-related activities.

I release the Newburgh Enlarged City School District, its officers, employees, agents, and successors, from any and all claims, demands, actions, causes of action, suits, damages and judgments as a result of the use of the above information about my child in the publications and other activities described above.

\_\_\_\_\_  
Parent/Guardian Printed Name Date

**For students 18 years of age or older:**

I am 18 years of age or older, I have read the above information, I understand the conditions of the above agreement, and I will be bound by its terms on my own behalf.

\_\_\_\_\_  
Printed Name of Student ID# Signature Date

**OR, PLEASE COMPLETE THE SECTION BELOW**

I do not want the types of information described above regarding my child or myself (name of student) \_\_\_\_\_, ID# \_\_\_\_\_, given to local newspapers, used in District newsletters or on the Website, or given to local television stations, during the 2016-2017 school year.

\_\_\_\_\_  
Parent/Guardian/Eligible Student Signature Date

**This form should be returned to the school as soon as possible.**