

PHOTOGRAPH/VIDEO/AUDIO CONSENT AND RELEASE
Communication Services
Lincoln Public Schools

Date: _____

Student Name: _____ I.D. #: _____

Grade: _____ School: _____

I grant permission for my child to be photographed, videotaped, audiotaped, or recorded by any other means while participating in class or school activities or events, consent to and waive any privacy rights with regard to the display of such photographs or recordings in presentations, publications, websites, television programming and any other means.

I understand that Lincoln Public Schools owns the rights to such materials and waive any rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.

This includes my child's class picture.

I have read and understand the this consent. Below is my consent/non-consent.

Please check one:

YES I give my full consent to use my child's photograph/recording

ONLY I give my full consent to use my child's class picture only. Do not use any other photograph/recording

NO I do not want you to use my child's photograph/recording for any purpose.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____