PHOTO/VIDEO/WEB PERMISSION FORM

Student Publication Release of Liability and Consent

We/I, the undersigned, as parents/guardians of _______________________________ ("the student"), hereby grant permission and consent to Thompson School District R2-J to use the student’s work and to photograph, film and/or videotape the student in the classroom or other settings for educational, informational or instructive purposes and to edit, portray, and exhibit the photograph, film/videotape produced thereby, in part or in whole, for cablecast and/or broadcast, Web media or other public viewing. We/I understand that there will be no financial or other remuneration for the use of the student’s work or any photograph, film and/or videotape and hereby release the Thompson School District R2-J and waive any and all causes of action of every kind and nature including any claim for breach of confidentiality, privacy, or otherwise arising out of or occasioned by the activities consented to hereby.

The consent and permission hereby granted may be withdrawn if written notice is delivered to the Thompson School District Public Information Officer, 800 S. Taft Ave., Loveland, CO 80537. We/I understand that revocation will not affect any photograph, film and/or videotape that has been produced before the written notice is received.

Dated this ________ day of __________________ 20___

_______________________________________________
Signature of Parent/Guardian

_______________________________________________
Signature of Parent/Guardian