



# Wise County Public Schools

628 Lake Street Wise, Virginia 24293 276-328-8017

## Photo & Videotaping Release Form

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_

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1. I hereby grant permission for the Wise County School Board and its employees and agents to use my child's photograph(s) or videotaping(s) for the use of creating educationally related materials in the form of videos, newspapers, magazines, or education media. I also grant permission for photographs to be used in curricular, co-curricular and extra curricular activities (including activities such as school yearbook, roster information, etc.).

YES

NO

2. I understand my child's photograph may be used in other official school printed publications without further consideration, and I acknowledge the school's right to edit the photo for publication

YES

NO

3. I also grant permission for my child's image to be posted on the school's website; and I understand that, once posted, any computer user can download my child's image.

YES

NO

Student Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_