

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA  
CONSENT AND RELEASE TO PHOTOGRAPH/VIDEOTAPE STUDENT

I, \_\_\_\_\_ the parent/ guardian of \_\_\_\_\_  
Print Parent/Guardian Name Student Name  
Grade \_\_\_\_\_ a student at school \_\_\_\_\_ on behalf of my child,

Do Consent  Do Not Consent to the photographing/videotaping of my child while he/she is involved in any school programs and/or activities during the present school year. I also consent to the release of my child's name, both verbally and in print, when used in connection with said photograph/videotape. It is understood the photograph(s)/videotape(s) and the name of my child may be used for promotional purposes inside and/or outside of the School District of Osceola County, Florida

Do Consent  Do Not Consent to the use of the above mentioned photograph(s)/videotape(s) and the name of my child for promotional purposes on the Internet.

I do hereby release and waive any and all claims, demands, or objections against the said school and school district in connection with or arising out of the said photograph/videotape of my child.

It is understood that the school or school district will not duplicate photograph(s)/videotape(s) for the use or benefit of any individual student or parent. It is also understood that failure to return this permission form to the school will constitute parent/guardian consent for the purposes described above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date