

REYNOLDS SCHOOL DISTRICT

531 REYNOLDS ROAD, GREENVILLE PA 16125, MERCER COUNTY

**CONSENT AND RELEASE OF PHOTOGRAPH/VIDEOTAPE OF STUDENT(S)**

Name of Student _____

I, the parent/guardian of the above named student in the Reynolds School District on behalf of my child:

_____ Do Consent

_____ Do Not Consent

To the use of photograph(s) or videotape(s) on the Reynolds School District web site and/or teacher created classroom web side, district publications or release to public media sources (e.g. newspapers, television, etc.). Names will not be used with photographs published on the web site.

I do hereby release and waive any and all claims, demands, or objections against the Reynolds School District in connection with or arising out of the said photograph(s)/videotape(s) of my child.

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

Signature of Parent/Guardian _____

Date _____

PLEASE RETURN FORM TO SCHOOL