

Permission to Photograph or Videotape

Dear Parent or Guardian,

During student's events and gatherings we may photograph or videotape. We use these photos/videos for display in our building to show the OP community what our students are up to. We also may use these photos or videos for our website, press, or social media pages. We are asking that you indicate your permission to include your child in these photos by signing the form below and returning. Please fill out one form per child. Thank you.

PLEASE CHECK AND INITIAL ONE THEN SIGN BELOW:

____ **YES**

I give my permission for _____ to be photographed or videotaped during student activities or functions and these photos/videos to be used for public display.

____ *Parent/Guardian Initials*

____ **YES for in-building displays, NO SOCIAL MEDIA/PRESS**

I give my permission for _____ to be photographed or videotaped during student activities or functions, HOWEVER I REQUEST THAT THESE IMAGES NOT BE USED ON SOCIAL MEDIA OR FOR ADVERTISEMENTS.

____ *Parent/Guardian Initials*

____ **NO PHOTOGRAPHS OR VIDEO**

I do not give permission and would not like any photos or recordings taken of

_____.

____ *Parent/Guardian Initials*

_____ I certify that I am at least 18 years of age and that I am competent to contract in my own name. I have read this release in it's entirety before signing below, and I fully understand the contents, meaning and impact of this authorization release and the choice of which I have checked and initialed.

_____ I certify that I am the parent or guardian of

_____, **DOB** _____, and on behalf of this person named, I grant permission according to the initialed terms of this authorization and release set forth above.

SIGNATURE – *Parent/Guardian*

Date Signed

Printed Name

