JW Brown Laboratory School

Photograph Release Permission Form

I, (parent’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to be photographed/videotaped in scheduled school activities. Such photographs or video may be used by JW Brown Laboratory School, Cartwright Learning, Inc., local newspapers, television stations, etc., for publicity or educational purposes. My signature on this form indicates approval for the student’s name, picture, art, written work, voice, verbal statements or portraits (video or still) to appear in the school or district’s publications. These pictures and articles may or may not personally identify the student. I understand that all photos and videos will become property of JW Laboratory School and Cartwright Learning, Incorporated.

I understand and agree to the above stated conditions and give my permission for my child to participate.

Parent/Legal Guardian (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent/Guardian Signature Date

A picture containing text

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