

Consent and Release Agreement Publication of Student Photograph

Your student may have the opportunity to have his/her photograph(s) published in the district or school newsletters and/or local newspapers. We recognize, however, that not all parents or guardians may wish to have a photograph of their child or personally identifiable information related to their child published in the district or school newsletters and/or local newspapers. We therefore request that those parents or guardians who would like to take advantage of this opportunity please review and sign this Consent and Release Agreement and return it to your child's school. Students whose parents or guardians do not sign this Agreement will not be penalized.

By signing this form, I give Nebo School District permission to publish or permit others to publish a photograph(s) of my child in the district or school newsletters and/or local newspapers. I understand that the display of such photograph(s) may include personally identifiable information about my child, such as my child's name, grade level, name of class, and name of school. I also understand that the district, my child's school, or the local newspaper agencies will exercise editorial control over what photograph(s) is published. In consideration of the benefits of having a photograph(s) of my child published, I consent to the publication of this type of information along with the photograph(s) of my student and to the district's, school's, and newspaper agencies' exercise of editorial control. I understand that information on the district or school newsletters and local newspapers may be accessed and distributed by parties over whom Nebo School District has no control, and I assume the risk that such parties may use these materials for improper purposes. I agree, on my and my child's behalf, to release Nebo School District, its board members, administrators, teachers, and employees, from and against any and all claims, damages, or liability arising from or related to the publication of a photograph(s) of my child.

I have read this Consent and Release Agreement before signing it and I fully understand it. I have been given the opportunity to ask any questions I might have about it, understand that my child will not be penalized academically or otherwise if I do not sign it, and sign it in consideration of the benefits of having a photograph(s) of my child published.

Student Name (Please Print)

Parent / Legal Guardian Name (Please Print)

Signature of Parent / Legal Guardian

Date