

PHOTOGRAPH / VIDEO RELEASE FORM

The Agawam Public Schools wish to use photograph(s) or video taken of you or your child. These images will be used to demonstrate Agawam's commitment to quality education.

Subject's name _____ School/Teacher _____

I am the parent/legal guardian of the child named above. I have read the statement of purpose for using my child's image.

- I Do give permission to the Agawam Public Schools to use my child's image on videotape or photograph in the following ways. (Check all that apply)
- in the school system
- in district meetings
- in town-wide meetings
- outside the town in educational presentations
- on the Internet

- I Do Not give permission to use my child's image in photograph or video.

(Signature of Parent or Guardian) _____ Date: _____

I am the subject named above and I am more than 18 years old. I have read the statement of purpose for using my image.

- I Do give permission to the Agawam Public Schools to use my image on videotape or photograph in the following ways. (Check all that apply)
- in the school system
- in district meetings
- in town-wide meetings
- outside the town in educational presentations
- on the Internet

- I Do Not give permission to use my image in photograph or video.

(Signature of Parent or Guardian) _____ Date: _____