

Photo/Video Release Form

To Whom It May Concern:

I hereby consent to have my child _____ photographed, videotaped, or interviewed while participating in SRHS Band functions. I consent to the use of my child's photograph or likeness in the SRHS Band newsletters, Web site, and/or other electronic/digital/print media associated with the SRHS Band Department, Booster Organization.

As the child's parent or legal guardian, I agree to release and hold harmless the Sebastian River High School Band Department, Booster Organization and School District. I also agree that no monies or other consideration will become due to me or my child because of my child's participation in these activities.

Child's Name: _____

School: _____ Grade: _____

Signature of Parent or Guardian _____

Date: _____