

PHOTO / VIDEO / WEB RELEASE FORM

Dear Parent or Guardian,

On occasion, representatives from and/or employees of the Tacoma Public Schools may wish to photograph, videotape and/or interview individuals in connection with school programs, projects or events.

In order to release photographs, video footage, and/or comments, and/or post on district or school Web sites or TPS TV, we need written permission. To give your consent, please complete the form below.

, parent/guardian of or my child to be photographed, videotaped and/or interviewed by representatives				give permission
employees of the Tacoma Public S	Schools for educationa	al or public re	elations purposes.	I authorize the use
and reproduction by the Tacoma F	Public Schools or any	agents author	rized by the Tacor	na Public Schools
of any and all photographs and/or	video taken of my chi	ld, without co	mpensation to me	or my child.
All these photographs/video record				
Schools. I waive any right to inspe	• •		•	ngs, and the sound
track, script or printed matter that i	may be used in conjui	nction with th	em.	
Signature of Parent or Guardian:			Date:	
Signature of Parent or Guardian: _			Date	
Address:	City:	State:	Zip:	
	,		<u> </u>	
OD				f:
OR I am 18 years of age or o	lider and I give my cor	nsent without	reservation to the	foregoing on my
own behalf.				
Signature of participant:			Date:	
orgination of participants			54(0	_
Address:	Citv.	State:	Zip:	