

**Hopewell Area School District  
Consent and Release to Photograph/Videotape a Student**

To publicize the achievements of our students and the great work they do, we occasionally publish our student's names, photographs, or achievements in our school publications or release the information to the local newspapers. We may also post the information on the School District's website.

We understand that you may not want to have your child's name, photo, and/or achievements published, so please complete the form at the bottom of this letter.

.....

I, \_\_\_\_\_, the parents of \_\_\_\_\_,  
Print Parent/Guardian Name Student Name

in grade \_\_\_\_\_, a student at \_\_\_\_\_, on behalf of my child,  
Attending School

\_\_\_\_\_ Do Consent \_\_\_\_\_ Do Not Consent to the photographing/videotaping of my child while he/she is involved in any school programs and/or activities while enrolled at Hopewell Area School District. Your authorization will enable us to use specially prepared materials to increase public awareness and promote continuation and improvement of education programs through the use of mass media, displays, brochures, websites, etc.

I hereby release and hold harmless the Hopewell Area School District and its authorized representative from any and all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the pupil and/or parent or guardian which relate to or arise out of any use of the recordings as specified above.

It is understood that the School District will not duplicate photograph(s)/videotapes(s) for the use or benefit of any individual student or parent. It is also understood that failure to return this permission form to the District will constitute parent/guardian consent for the purposes described above.

My signature shows that I have read and understand the release and I agree to accept its provisions.

\_\_\_\_\_  
Parent/Guardian Signature Date

\* Not to include public events