Photograph/Videotape Permission Form

Please indicate below your preference for Photograph/Videotape Publicity Permission

_____ I DO grant Calhoun County Public Schools the unlimited right to use and/or reproduce photographs, likenesses, name, or the voice of my child in any legal manner and for the internal or external promotional and informational activities of Calhoun County Public Schools. I also agree to allow my child's works and/or photograph to be published on the Calhoun County Public Schools websites. I waive any and all present or future compensation rights to the use of the above stated materials.

Print Student:_____

Parent/Legal Guardian Signature: _____ Date: _____

I DO NOT grant Calhoun County Public Schools permission to use and/or reproduce photographs, likenesses, name, or the voice of my child in any legal manner and for the internal or external promotional and informational activities and website of Calhoun County Public Schools.

Print Student:_____

Parent/Legal Guardian Signature:	Date:	