



# Sumter County Board of Education

P. O. Box 10 • Livingston, AL 35470 • 205/652-9605 • FAX: 205/652-9641

## CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT FOR NON-PROFIT USE (e.g. educational, public service, or health awareness purposes)

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the Student named above by **School**.

I also grant to the above **School** the right to edit, use, and reuse said products for non-profit purposes including use in print (e.g. the yearbook), on the internet, and all other forms of media. I also hereby release to the above **School** and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_

Please sign and upload or return to the School

Signature \_\_\_\_\_