Authorization to Photograph, Videotape, or Record Student(s)

The student or student’s parent or guardian hereby authorizes, releases, and/or otherwise consents to the student being the subject of photographs, videotapes, audio tapes, or combinations thereof that are taken, shot, or recorded at school-related activities.

Lyndon USD #421 and/or any of its employees or agents is specifically given the right and permission to cause the student’s likeness or voice or both to be recorded and exhibited as still photographs, transparencies, motion pictures, television, video (videotape recordings), or other similar media, including internet applications.

The student waives the right to inspect or approve the finished still photographs, transparencies, motion pictures, television, video (videotape recordings), or other similar media including any soundtrack associated therewith, advertising copy, printed matter that may be used in conjunction therewith, or the eventual use that may be made of such still photographs, transparencies, motion pictures, television, video (videotape recordings) or similar media, including internet applications.

The student specifically authorizes the reproduction, sale, exhibition, broadcast, and/or distribution of this material without limitation.

The authorization will be effective throughout the student’s school career. I understand that if I want to rescind this authorization, I will need to contact Lyndon USD #421 at 785-828-4413.

☐ I give permission for my student’s information to be released.

☐ I do not give permission for my student’s information to be released.

Student name (please print):

Student signature: ____________________________ Date signed: ___________

Parent or Guardian’s signature: ____________________________ Date signed: ___________