



CONSENT TO PHOTOGRAPH AND RELEASE NAME

I, (PRINT NAME) _____, parent/guardian of
(PRINT CHILD'S NAME) _____, consent to
the use of photographs, video/audio tape (television or radio), and use of my child's name for school or
district communication purposes.

In giving this consent I release (NAME OF SCHOOL) _____ School and Mesa County
Valley School District 51 from any liability for any violation of any personal or proprietary rights I may
have in connection with the use of the photographs, video/audio tape (television or radio) and use of my
child's name.

I (the parent/guardian) am more than 21 years of age.

SIGNATURE OF PARENT/GUARDIAN

PRINT NAME

DATE

**INTERNAL DEPARTMENT USE ONLY (FORMS MUST BE FILED WITH THE COMMUNICATIONS DEPARTMENT):
FAX COMPLETED FORMS TO 245-2714**

Topic: _____

Television: _____ **Radio:** _____ **Newspaper:** _____

Other: _____