

BEACON CITY SCHOOL DISTRICT

PUBLIC APPEARANCE PERMISSION FORM

I, THE UNDERSIGNED PARENT/GUARDIAN OF _____

Name of student

a student in the Beacon City School District, hereby give my permission for my child to:

1. appear individually in video productions recorded in the district studio, or on location in the schools, with the knowledge that same may be broadcast, televised, used and reused at the discretion of the School District for solely educational or public information purposes.
2. have their class work displayed on the district web site.

I hereby release the Beacon City School District, its officers, employees, agents and successors, and hold them harmless from any and all claims, demands, actions, causes of action, suits, damages and judgments as a result of the appearance of my child.

I am over the age of eighteen, have read the above information, I understand the conditions of the above agreement and will be bound by its terms on my own behalf and on behalf of my child.

Please initial all that apply:

_____ I give my permission to have my child appear individually in district video.

_____ I give my permission to have my child's work posted on the web with his/her name

_____ I give my permission to have my child's work posted on the web with no name attached.

_____ I give my permission to have my child's picture appear (such as student of the month)

_____ I do **NOT** give permission for the school to use my child's picture, name or work.

Student's name (please print clearly)

Parent's signature

Parent's name (please print clearly)

Date

1/15/2002