



Student

Photo/Video Release Form (Please Print)

Student Name: _____

Address: _____

Phone: _____ Home Email: _____

To promote a sense of community involvement, I/we give permission for photographs, audio, and or video to be taken of my child while engaged in ESU 16 activities for the 2019 – 2020 school year. This media will be used for educational purposes in social media coverage through schools and ESU 16.

In giving my consent, I hold harmless ESU 16, their offices, employees, agents and designees from any and all responsibility or liability. ESU 16 is not responsible for photos taken by other individuals at sponsored events.

I have read this agreement and understand it.

Yes. I give my consent.

No. I do not give my consent.

Signature (parent/guardian)

Date Signed

Office Use

Person Taking Photo/Video _____

Date Photo/Video Taken: _____

Location/Event: _____

ESU 16
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