



Student

Photo/Video Release Form (Please Print)

Student Name: _____

Address: _____

Phone: _____ Home Email: _____

I hereby grant permission to ESU 16 and their legal representatives the right to use my child's photographic image, video and/or audio recordings in any and all of its publications, including website entries, social media such as Facebook or Twitter without payment or any other consideration. I understand that this media will be produced and used for educational purposes.

I understand my child's picture and this photo release form will be maintained on file. I understand I may change or withdraw this release/consent or any photo at any time by contacting ESU 16 at the address listed below.

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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Ogallala, NE 69153
(308) 284-8481