

PHOTO CONSENT & RELEASE OF LIABILITY



Parent/Guardian:

Venture Academy is proud of our outstanding and talented students, and from time to time we would like to publicize their achievements for the purpose of positive publicity. Since these events and interviews are almost always needed on a spur-of-the-moment basis, we are requesting parental permission for the school year rather than on a case-by-case basis. Please note that when the media is on campus, we cannot prohibit them from interviewing students, which may be used in news stories; however students have the choice not to speak with them.

Please select and initial the following **IF YOU CONSENT TO YOUR CHILD BEING PHOTOGRAPHED OR VIDEOTAPED:**

\_\_\_\_\_ /Int. I do give my consent to Venture Academy to photograph or videotape my child's image and voice. I understand and agree that this may include his or her likeness and/or voice in public displays that may be reproduced for use by other agencies with the approval of Venture Academy. I further agree to release, defend, and hold harmless such agencies, its staff, Venture Academy and its staff, as well as any agent that may be designated from any damage or cause of action, which may result from the use of my child's image or voice in any of its projects. This includes, but is not limited to any cause of action related to invasion of privacy.

\_\_\_\_\_ /Int. I do give my consent for my child's photo(s) and/or information to be used in the school yearbook.

\_\_\_\_\_ /Int. I do give my consent for my child's photo(s) and/or information to be used on the school website.

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**OR NON-CONSENT INITIAL BELOW:**

\_\_\_\_\_ /Int. I do not give my consent to Venture Academy to publicly release my child's photo(s) and information.

\*\*If you choose not to let your child be photographed, please be sure to make your child aware of your decision.

\_\_\_\_\_  
Print Student's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date