AUTHORIZATION TO PHOTOGRAPH, VIDEOTAPE OR RECORD STUDENT

I,	, the	parent/guardian of st	udent	hereby
authorize, release	and/or otherwise	consent to the stude	nt being the subje	ect of photographs,
videotapes or audio	otapes, or combina	ations thereof, that are	e taken, shot or re	corded at school or
school related activ	vities, while a stu	dent of Thomaston P	oublic Schools ("I	District") during the
	school year.			
The District and/or	any of its employ	rees or agents is speci	fically given the ri	ight and permission
to cause the studen	t's likeness or voic	ee or both to be record	led and exhibited a	as still photographs,
transparencies, mor	tion pictures, telev	ision, video (videotaj	e recordings) or o	other similar media,
including Internet a	pplications.			
The District and/or	any of its employ	rees or agents is speci	fically given the ri	ight and permission
to distribute, copyr	ight and/or use, reu	ise and/or broadcast, i	ebroadcast, publis	h and republish still
photographs, transp	parencies, motion	pictures, television,	video (videotape r	ecordings) or other
similar media, inclu	ıding Internet appl	ications.		
I, on behalf of th	e student, hereby	waive the right to	inspect or approv	e the finished still
photograph, transp	arencies, motion j	pictures, television, v	rideo (videotape r	ecordings) or other
similar media incl	uding any sound	track associated there	ewith, or advertisi	ng copy or printed
matter that may be	used in conjunction	on therewith or the ev	ventual use that ma	ay be made of such
still photograph, tra	ansparencies, motio	on pictures, television	, video (videotape	recordings) or other
similar media, inclu	ıding Internet appl	ications.		
· ·	of this material w	ally authorize the rep ithout limitation. My		*
Student's Signature	·		Parent's/Legal Gu	uardian's Signature
Date			Date	