



**School District No. 64 (Gulf Islands)
Photo Release Form**

School Year: 20__ / 20__

I understand that the photographs/digital images of my child(ren) may be used for display on the school or school district websites, in news releases, and in school district print publications such as newsletters, yearbooks, reports, and promotional materials. I waive all claims for any compensation for such use.

I understand that by NOT signing this form I am consenting and authorizing School District No. 64 (Gulf Islands) and its representatives for the use and display of photographs and/or digital images in which my minor child(ren) is/are portrayed.

SIGN BELOW ONLY IF YOU DO NOT WANT YOUR CHILD'S PHOTO USED BY THE SCHOOL DISTRICT:

I DO NOT consent to the school district's use of my child's photo for the publications mentioned above.

Name(s) of student(s) whose photos may NOT be made public: *[please print]*

parent/guardian name [please print]

Date: _____

signature

Please return this form to your child's school ONLY if you have indicated that you DO NOT consent to the use of photographic images by the district.