

GREENVILLE AREA SCHOOL DISTRICT
9 DONATION ROAD, GREENVILLE, PA 16125
724-588-2500 FAX: 724-588-5024
Greenville Elementary Jr-Sr High School

GASD Media Production
and
Greenville Area School District Video/Photograph Consent Form

I consent ___ I Do Not consent ___ for in school Media/Pictures use.

I consent ___ I Do Not consent ___ for Video/Photograph use outside of school
(newspaper, Public TV)

_____ grade ____
(students name)

to be videotaped/photographed for any Media Production or other *video/photography productions or publications* of the Greenville Area School District.

I hereby release any rights that my child and I may have to any videotape, *photograph* or television production and understand that neither my child nor I will be paid for his/her appearances in any GHS Media production or Greenville Area School District publication. I understand that any video or photograph is the exclusive property of the Greenville Area School District.

I further acknowledge that I have read and understand the above statements.

If my preference should change, I will contact my child's school principal in writing.

Parent/Guardian Name: _____
(Print)

Parent signature _____

Date _____