

## RELEASE AUTHORIZING STUDENT'S IMAGE TO BE PHOTOGRAPHED WHILE ENGAGED IN SCHOOL ACTIVITIES

This **Release** contemplates that photographs of your child may be taken in two particular circumstances while engaged in school activities. First, photographs could be taken by School District employees, and secondly, photographs could be taken by a photographer not employed by the School District. This **Release** addresses both of these situations. It is entirely your choice as the parent or natural guardian of the student to permit the taking of such photographs in either or both situations:

A. Photographs Taken by School District Employees. I hereby authorize photographic images (photographs or video) to be taken of my child by **School District employees or staff members while participating in school activities at the Tamaqua Area School District**, whether or not such activities are open to the public. I understand my child's photographic image, digital/digitize (meaning any scan images of art or other work, digital, photographs, sound/voice or computer generated files) may appear in District publications, presentations, the school website, productions, newspapers or newscasts. In the case of all such digital images referred to above, I understand that these photographs are the property of the Tamaqua Area School District. I also realize that if photographs of my child appear on the official Tamaqua Area School District website, there will be no identification of my child by his or her full name appearing along with the publication of my child's digital image. I further understand if I agree to the terms of this Release it will be effective indefinitely, but I have the option at any time of revoking my consent or opting out of this Release by giving written notification to the Tamaqua Area School District.

B. Photographs Taken by Non-Employees. I hereby authorize photographic images (photographs or video) to be taken of my child by **photographers who are not employed by the Tamaqua Area School District while participating in school activities at the Tamaqua Area School District** whether or not such activities are open to the public. I understand that my child's photographic image, digital/digitized (meaning any scanned images of art or other work, digital photographic images, sound/voice or computer generated files) may appear in newspapers or newscasts and other internet related media. I understand that photographs taken by a photographer not employed by the Tamaqua Area School District do not become the property of the Tamaqua Area School District and the Tamaqua Area School District is not able to maintain any control over how such photographs can be utilized by the outside party who has taken them. I further understand if I agree to the terms of this Release it will be effectively indefinitely, but have the option at any time of revoking my consent or opting out of this Release by giving written notification to the Tamaqua Area School District. This consent is not required for photographs taken at school events open to the general public. Examples of such events include but are not limited to sporting events, music or drama performances, etc.

**If this form is not completed, signed and returned to your child's school, your child's photographic image will not be taken by either employees of the Tamaqua Area School District or outside photographers.** If you have limited the release of your child's photographic image, to the extent you have not authorized the release of your child's photographic image, no such photographs will be permitted.

**Student Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ , **Building:** \_\_\_\_\_

OPTION A:

I hereby consent to my child's photographic image to be taken as set forth in paragraph A titled:

**Photographs Taken by School District Employees.**

Parent or Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

(parent/guardian or 18 year old student)

OPTION B:

I hereby consent to my child's photographic image to be taken as set forth in paragraph B titled:

**Photographs Taken by Non-Employees.**

Parent or Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

(parent/guardian or 18 year old student)

This form is also available at [www.tamaqua.k12.pa.us](http://www.tamaqua.k12.pa.us).