



Broken Bow Public Schools
PHOTO/VIDEOTAPE RELEASE FORM



Student Name: _____ Grade: _____

Parent/Guardian Name: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

I, _____, **DO** hereby give and grant unto the Broken
Parent/Guardian
Bow Public Schools permission to use _____'s full name,
Student Name
photograph, and/or videotaped image in publications, video productions, and/or
the Broken Bow Public Schools Web Site., School Facebook pages, Local Newspapers

I do further certify that I am the legal parent/guardian who can make decisions and give authorization.

Please Check this box if you **DO NOT** give Permission

Signature: _____ Date: _____