



**PALLISER REGIONAL SCHOOLS  
VIDEOCONFERENCE PHOTO RELEASE FORM**

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**VIDEOCONFERENCE PROJECT:** \_\_\_\_\_

**Parent/Guardian**

Date: \_\_\_\_\_

I hereby consent to and authorize the use and reproduction by \_\_\_\_\_ School, or anyone authorized by Palliser Regional Schools, of any and all videotape or photographs that have been taken of me and/or my child(ren) this day or any day following until the completion of this video conference project for any purpose, without compensation to me.

All tape, negatives and positives, together with the prints, are owned by Palliser Regional Schools.

Palliser Regional Schools reserves the right to use these photographs or videotape in any of its print or electronic publications.

I hereby acknowledge that I have read and understand the terms of this release, and have obtained permission from a duly-authorized parent or legal guardian whose signature appears below:

Student Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City/Province/Postal Code : \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail ( if available): \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Printed Name of Witness: \_\_\_\_\_

Date Signed: \_\_\_\_\_