

Sagaponack Common School District Photo Release Form

I hereby grant to the Sagaponack Common School District permission to use photographs of my child taken on school grounds or during school functions by members of the school staff, other parents or photographers approved by the school staff.

I understand that the images of my child may be used to promote the school and its programs on its website and other promotional materials now or in the future. I further understand that if and when the Sagaponack Common School District chooses to use an image of my child for the purposes referenced above, that my child will not be identified with a caption or other written description.

I hereby release and discharge The Sagaponack Common School District from all and any claims and demands ensuing from or in connection with the use of the photographs, including any and all claims for libel and invasion of privacy.

Dated: _____

Minor's Name: _____

Parent or Guardian Name: _____

Signature or Parent/Guardian: _____

Address: _____

City: _____

State/Zip: _____

Phone: _____

Parent's Email Address: _____