**Consent to Photograph, film, or videotape a student for non-profit use**

**(e.g. educational, public service, or health awareness purposes)**

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

School he/she attends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the Student named above by Stay and Play.

I also grant to the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. For student protection online, a student’s photo and last name will not appear together on school website.

Please complete the section below and return the form to Stay and Play, Reformation Schools, Inc. Thank you for your cooperation.

**Please check one:**

* I give permission for any photo/image, voice, video, and/or work of my child to be published on the school’s public website.
* I **do not** give permission for any photo/image, voice, video, and/or work of my child’s to be published on the school’s public website

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Revised 6/28/19