



Release of Student Images

I hereby authorize and consent that Westfield Public Schools and their representatives and assigns shall have the right to copyright, publish or use any and all photographic portraits, pictures, movie films, computer/internet images, videotapes, and/or sound recordings they have taken or made of my student while attending the Westfield Public Schools for any lawful purpose. I understand that my student's name may be released in conjunction with the above.

I understand that the images of my student will be used for the purpose of educating parents, professionals, students and community members regarding the implementation and maintenance of quality education for all students and not for any financial gain.

I hereby waive all claims for any compensation for such use or for damages.

I hereby waive any right I may have to inspect and/or approve the finished product that may be used.

I hereby certify I am duly authorized to enter into this agreement on behalf of my student. I state further that I have read the above authorization and release prior to its execution and that I am fully familiar with the contents thereof.

If I choose to revoke consent, I will advise the school of my revocation in writing.

Student name: _____ School & Homeroom: _____

Parent signature: _____ Date: _____

I do not consent to publication with respect to my student.

Student name: _____ School & Homeroom: _____

Parent signature: _____ Date: _____

****Return this form to your child's principal**