

Release Form for Video and Photos

Dear Parent/Guardian:

The Physical Education Department will be intermittently using electronic devices (I.E. IPADS or student's personal phones) to photograph or film students participating in special activities in our classes throughout the year. The material that is recorded will be for class use only. Also, at times, copies of the student recordings may be used to assess and demonstrate proper skill technique, be used in the school yearbook, displayed in the P.E. Department, ect.

No student names will appear with any student work. All material will be kept confidential. The form below will be used to document your permission for these activities. Please consider granting this permission!

Sincerely,

Casey Currigan, Principal

OVMS Physical Education Department

Student Name: _____

I am the parent/legal guardian of the child named above. I have received and read your letter regarding the recording and assessment uses during Physical Education class and agree to the following:

Please check the appropriate box:

I acknowledge that OVMS and the Physical Education Department is not responsible for any lost/damaged/stolen devices while being used during class activities.

I DO give my permission to you to include my child's image on recording or photos as he or she participates in class conducted at Oak Valley School with the Physical Education Department and to reproduce materials that my child may produce as a part of classroom activities. No names will appear on any materials.

I DO NOT give my permission to record my child during classroom activities. Your child will be offered a separate activity to participate in during the

Signature of Parent/Guardian: _____ Date: _____

Signature of student: _____ Date: _____