

THE SCHOOL DISTRICT OF PHILADELPHIA
440 N. BROAD STREET
PHILADELPHIA, PENNSYLVANIA 19130

(For students under the age of 18.)

Waiver and Release

I, [parent name] _____, the parent of
[student name] _____, a student at
[school name] _____ School of The School District of Philadelphia,
hereby give my permission for my child to be videotaped, photographed, and/or
interviewed for [describe activity here] _____.
The resulting film, photographs, and/or interviews may be used by my child's school, the
news media, on the School District's cable television channel, and in District publications
including the School District's Facebook® and Flickr® page.

In signing this form, I hereby release any and all actions and claims which I, my
child, my family members, our heirs, executors or administrators may have against the
School Reform Commission and any and each of its members, and/or The School
District of Philadelphia and its employees, representatives, agents, successors and
assigns, arising for any reason whatsoever from the use, publication, distribution, or
republication of the images and/or words gathered during this activity.

I warrant that I am at least eighteen (18) years of age and acknowledge that I
have thoroughly read and understand this Waiver and Release Form.

PRINT Parent/Guardian Name

Parent/Guardian Signature

Home Address:

Philadelphia, PA 191____

STUDENT: Please return the signed form to the school by

_____, _____, **20**__

SCHOOL STAFF: Please keep the signed copy in the student's file.