

The Lowell School



Dede Proujansky
Executive Director

PHOTO AND VIDEO RELEASE CONSENT FORM **2024 - 2025 SCHOOL TERM**

Dear Parent,

In order for your child to participate in the filming and picture taking process, it is necessary for you to fill out a Photo and Video Release Form.

We hope to have your participation.

Sincerely,

Elizabeth Simona
Principal

PHOTO AND VIDEO RELEASE FORM

I hereby give permission to The Lowell School, as the parent of the student named below, for the use and reproduction of video footage, photographs (including web page photo) or voice recordings of this participating student. I understand that the use of the participant's image and/or voice will be primarily for the purposes of education and/or promotion of The Lowell School.

Name of Participant: _____

Signature of Parent: _____

Printed Name of Parent: _____

Address: _____

City, State Zip Code: _____

___ I give permission for my child to be photographed or filmed.

___ I do not give permission for my child to be photographed or filmed.

Parent Signature

Date