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I understand and agree that such photographs and/or video recordings of may be placed on the Internet. I waive the right to approve the final product. I agree that all such portraits, pictures, photographs, video and audio recordings, and any reproductions thereof, and all plates, negatives, recording tape and digital files are and shall remain the property of Book Trust.

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Signature of Individual Photographed/Recorded _____
Date

Printed Name of Individual Photographed/Recorded: _____

If individual photographed/recorded is under eighteen (18) years old, the following section must be completed: I have read and I understand this document. I understand and agree that it is binding on me, my child (named above), our heirs, assigns and personal representatives. I acknowledge that I am eighteen (18) years old or more and that I am the parent or guardian of the child named above.

Signature of Parent/Guardian of Individual Photographed/Recorded _____
Date

Printed Name of Parent/Guardian: _____

If you wish to opt your child out of completing such activities, please complete this form and return it to the school prior to the event to ensure compliance with this request.

Signature of Parent/Guardian of Individual Photographed/Recorded _____
Date

Printed Name of Parent/Guardian: _____