

PHOTO RELEASE

I authorize Lee's Summit R-7 School District or anyone authorized by the district to use and reproduce any and all photographs or videotape taken of me for district publications, district Web site, or to submit to the media.

My photo may be used as listed above _____ Yes _____ No

I am over 18 years of age _____ Yes _____ No

Student:

Print name

Signature (if over 18)

Date

Address:

If student is under 18, consent is required by a parent or legal guardian, as follows:

I am the parent and/or legal guardian of the minor named above.

Parent/Guardian signature

Date