

WEST FELICIANA PARISH SCHOOLS  
PO Box 1910  
ST. FRANCISVILLE, LA 70775

MEDIA RELEASE FORM

I give permission for photographs, images, video, digital, or audio recordings of me and/or my child captured via still photography, video, or audio recording to be used at no charge in connection with activities associated with the West Feliciana Parish School System. I understand that all such media will become the property of the West Feliciana Parish School System and may be used in educational and promotional publications, news media, district and school websites, television and video programs, tape recordings, video conferencing, and presentations.

I understand that these forms of media will not be used for commercial gain.

\_\_\_\_\_ I will allow my child's image and/or voice to be included in media for the West Feliciana Parish School System.

\_\_\_\_\_ I do not want my child's image and/or voice to be included in media for the West Feliciana Parish School System.

\_\_\_\_\_ Date

\_\_\_\_\_ Parent/Guardian's Signature

This document will stay in effect for the duration of your child's stay at this school. If you choose to make any changes, please visit the school to complete a new form.

PLEASE PRINT

Student's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Student's Address \_\_\_\_\_

School's Name \_\_\_\_\_