



## Student Photo Release Form

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**School:** \_\_\_\_\_

I hereby grant permission for video recordings and digital photographs to be taken of my child as a part of his/her participation in the Sister City Exchange Program. I understand that the recordings and images collected will be used for non-profit educational purposes.

I authorize Greater Lafayette Commerce to use my child's image on its websites and or in printed promotional materials without further consideration and I acknowledge Greater Lafayette Commerce's right to treat the media (such as cropping) at its discretion. **NOTE:** No names of students will be identified.

I also acknowledge that Greater Lafayette Commerce may choose not to use my child's image at this time but may do so at its own discretion at a later date.

I understand that once my child's image is posted on the Greater Lafayette website, the image could possibly be downloaded by a third party. I agree that I will not hold the chaperones or Greater Lafayette Commerce responsible for any harm that may arise from such unauthorized reproduction.

**Parent/Guardian Name: (Please Print)** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_