



Mount Clemens Community School District

PHOTO/PERFORMANCE RELEASE

As the parent/guardian of the child or children listed below, I hereby grant permission to the Mount Clemens Community School District for my child/children to appear separately or as part of a group in still photographs, videotapes, and sound recordings. In consideration of the making of such photographs, videotapes, and/or recordings may be used in whole or in part for general education and information purposes without time restriction or further compensation. I hereby consent to the use of my child's/children's name(s) and/or other brief identifying information with the above.

Please print clearly:

Child's Name (s): _____

Address: _____

City

State

Zipcode

Parent/Guardian Name: _____

Signature of Parent/Guardian: _____

Date: _____