



West Irondequoit Central School District

321 LIST AVE.
ROCHESTER, NY 14617
Telephone: (585) 342-5500
Fax: (585) 266-1556

PHOTOGRAPHIC, VIDEO TAPE AND RECORDING RELEASE

Date _____ Event _____

Name _____

Address _____

I HEREBY CONSENT that West Irondequoit Central School District or anyone authorized by West Irondequoit Central School District may photograph me, video tape me or record my voice and use such photographs, video tapes, motion pictures, tape recordings or any reproductions of same in any form related to promotion of the District, District activities, education and in connection with any exhibits, publications, conferences and educational programs conducted by or under the auspices of West Irondequoit Central School District or by anyone authorized by West Irondequoit Central School District.

I HEREBY AGREE that such pictures, photographs, motion pictures, videos or tape recordings or any plates and/or images connected therewith shall be the property and remain the property of the West Irondequoit Central School District.

I HEREBY RELEASE West Irondequoit Central School District and anyone authorized by West Irondequoit Central School District and all of its employees and representatives from any claims that may arise upon the publication, exhibition or use of all photographs, videos, motion pictures or tape recordings.

Signed _____

Witness _____

***Also Authorizing** _____

Note: In the event the person to be photographed, video taped or tape recorded is a minor, the signature of a parent or guardian is required.