



**CHALLENGE
CHARTER
SCHOOL**

Student Photo Release

PHOTO RELEASE

Student Last Name

First Name

Middle Name

Date of Birth (MM/DD/YY)

1. By initialing "Yes", I give permission for my student to be photographed or filmed during school activities and assign the rights to the use and reproduction of those photos or video, whether in print or electronic form, to Challenge Charter School or their designated agent.
2. I understand that by initialing "No", my student may be excluded from participating in certain events or activities where their inclusion in photographs, video, or other media coverage is unavoidable. If my student should appear in a photo or video, I understand their likeness may be blurred or otherwise be made unidentifiable.
3. If I initial "No", but list exceptions, I assign Challenge Charter School, or their designated agent, the right to use and reproduce photos or video of my student only in the selected formats or media.
4. This photo release remains in effect until written notification is received by Challenge Charter School changing or revoking this authorization.
5. Challenge Charter School has individual and class photographs taken two to three times a year by a professional photography company. I understand that my student *will be included* in these "school photos", even if I initial "No" unless special arrangements are made with the office to exclude my student.

Will you grant Challenge Charter School a full photo release?
(please initial your selection)

Yes

No

EXCEPTIONS

If you selected no, are there any exceptions where you would permit us to photograph or film your student?

Please initial your selections below:

_____ Class Projects
and Presentations

_____ School Yearbook

_____ School Newsletters

_____ School Website

_____ Media Coverage (TV / Newspaper)

PARENT / GUARDIAN SIGNATURE

Parent or Guardian Printed Name

Parent or Guardian Signature

Date