

THE SCHOOL DISTRICT OF PHILADELPHIA

440 N. BROAD ST.
PHILADELPHIA, PENNSYLVANIA 19130

Waiver and Release

I, (parent name) _____,

the parent of (student name) _____, a

student at Albert M. Greenfield School of the The School District of Philadelphia, give my permission for my child to be videotaped, photographed, and/or interviewed. The resulting film, photographs, and/or interviews may be used by my child's school, the news media, on the School District's cable television channel, and in District publications, including the School District's website, Facebook® and Flickr® pages.

In signing this form, I hereby release any and all actions and claims that I, my child, my family members, our heirs, executors or administrators may have against the School Reform Commission and any and each of its members, and/or The School District of Philadelphia and its employees, representatives, agents, successors and assigns, arising for any reason whatsoever from the use, publication, distribution, or republication of the images and/or words gathered during this activity.

I warrant that I am at least 18 years of age and acknowledge that I have thoroughly read and understand this Waiver and Release form.

PRINT Parent/Guardian Name

Parent/Guardian Signature

Home address: _____

Student's homeroom: _____

Today's Date: _____