



2024-2025

PHOTO RELEASE FORM

STUDENT NAME: _____

TEACHER: _____

- I grant to Edmonds Elementary STARS Foundation and Edmonds Elementary PTA, and their representatives the right to take photographs and/or video of me and/or my child(ren) in connection with either groups. I authorize Edmonds Elementary STARS Foundation and Edmonds Elementary PTA, their assigns and transferees to use and publish the same in print and/or electronically. I agree that Edmonds Elementary STARS Foundation and Edmonds Elementary PTA may use such photographs or videos of me and my family with or without my name for any lawful purpose, including for example such purposes as publicity, illustration, advertising and web content.
- I DO NOT grant my child(ren) to be photographed, videotaped and/or audio taped during Edmonds Elementary STARS Foundation and Edmonds Elementary PTA sponsored activities and/or learning experiences.

SIGNATURE: _____

PRINTED NAME: _____

RELATIONSHIP TO STUDENT: _____

DATE : _____