



**Potlatch School District No. 285**  
 130 Sixth Street  
 Potlatch, ID 83855-8758

District Office 208.875.0327  
 Elementary School 208.875.1331  
 Jr.-Sr. High School 208.875.1231  
 FAX 208.875.1028

**IMAGE USE PERMISSION FORM**

Student's Name: \_\_\_\_\_

Student's School: \_\_\_\_\_ Year in School: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

**PLEASE SELECT A OR B BELOW, SIGN AND RETURN FORM.**  
**If neither is circled the school will assume A.**

A.\_\_\_\_\_ I hereby grant permission to have my child's photograph recorded on film or other media by the Potlatch School District #285 for school publicity or other commercial purposes through the media, print, and/or the school's website for the current school year. I hereby waive any right to future compensation for the use of the above-mentioned information by the Potlatch School District #285 for the purposes stated above. Also, I hereby waive any claim for invasion of privacy or any similar legal doctrine with regard to use of the above-mentioned information by the Potlatch School District #285 in publicity or promotional materials through the media for the duration of this Consent and Waiver.

B.\_\_\_\_\_ I do not grant permission to have my child's photograph recorded on film or other media or published by the Potlatch School District #285 School District's employees or agents.

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date