



At Orange-Ulster BOCES, we document our students' experiences throughout the school year through photography and video. We utilize these items in press releases about student accomplishments at Orange-Ulster BOCES and school yearbooks and posters, videos at Recognition Ceremonies, website articles, Facebook posts, advertisements and much more. We do not want your student to miss out on these memory-making opportunities, but we need your permission to include him/her. Please complete the form and return to Orange-Ulster BOCES.

I hereby grant Orange-Ulster BOCES permission to:

- procure my likeness via any photograph, video, audio or other print or digital reproduction
- edit, alter, copy, utilize, exhibit, publish or distribute my likeness without prior inspection or approval
- utilize my likeness for purposes of publicizing the facility, such as any and all of its publications, websites, social media sites, advertising, promotional videos, and other items or for any other lawful purpose it deems acceptable
- distribute my likeness to other entities for publication or presentation
- publish original student work on the BOCES Web pages during the school year or in the future for promotional or publicity purposes

I agree that neither the student named below nor I will receive remuneration of any kind for this permission, and I release the Orange-Ulster BOCES and any of its agents from any responsibility for the use of the items above for the aforementioned purposes.

I agree that Orange-Ulster BOCES does not have control over independent parties (including but not limited to the press, other parents or students, other community organizations, and the general public) who may photograph or video record images of your child while he or she is attending or participating in an Orange-Ulster BOCES sponsored event or representing Orange-Ulster BOCES in the community.

(STUDENT NAME – PLEASE PRINT)

(PROGRAM)

(STUDENT SIGNATURE)

(DATE)

If the student is under 18, the following must also be completed:

I hereby certify that I am the parent or guardian of _____, who is also named above, and do hereby give my consent without reservation to all items addressed in the Student Image Release in regard to said student.

(PARENT/GUARDIAN NAME – PLEASE PRINT)

(DATE)

(PARENT/GUARDIAN SIGNATURE)

If you do not wish to complete the form, please call the Main Office at (845) 291-0100 Ext. 10710.