



# LONG BEACH UNIFIED SCHOOL DISTRICT

1515 Hughes Way, Long Beach, CA 90810 ♦ (562) 997-8000

Dear Parents,

At Cubberley we often use technology equipment such as digital cameras and camcorders to record student activities for classroom or school projects. Images are published in student work that may be posted in classrooms, school hallways, school website, etc.

Please complete the Consent and Release Form below this letter and return it to your child's classroom teacher to allow us to include your child in these projects.

Thank you for your continued support of Cubberley's technology program.

## CONSENT AND RELEASE FROM LIABILITY

School: **Cubberley TK-8 School**

I hereby understand and acknowledge my participation or the participation of my child in the LBUSD/Cubberley production of: **class projects, brochures, publications, posting of photos in classroom and on bulletin board, school and district websites, and school-related movies and podcasts.**

The intended distribution of and use for this product is **to promote Cubberley School programs, to document the school year, and to provide digital film technology instruction.**

I hereby grant permission for the Long Beach Unified School District and those acting under its permission to copyright, use, publish, display, produce, duplicate, sell, and distribute the photographic, video, and sound recordings of me, or my child as stated in the description above. I further grant permission for the Long Beach Unified School District to use segments or portions of the above product for announcements, informational film clips, or other uses necessary to provide information or advertisement for the production.

I hereby release, discharge, and agree to hold harmless the Long Beach Unified School District, and those acting under its permission from any liability to the extent permitted by law, for the preparation, distribution, and use of the product, as described above.

Any questions regarding this form or production should be referred to:

**Kristine Dassero, Cubberley Technology Coordinator TK-8**

Phone: **(562) 420-8810 x141**

### Release and Consent for Minor Participant (under age 18)

(Requires signature of parent or legal guardian below)

I, the parent and/or legal guardian of (student name) \_\_\_\_\_ in grade \_\_\_\_\_, room \_\_\_\_\_ consent and grant permission to all of the foregoing.

Signature of Parent and/or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**RETURN THIS FORM TO YOUR CHILD'S CLASSROOM TEACHER.**