



Image Release Form

Riverside Magnet School
Kimberlee Matthews, Principal
Meaghan Freeman, Assistant Principal

August 10, 2023
RE: **Image Release**

Dear Parents/Guardian,
Please complete this Image Release permission form and return it to your scholar's teacher by **Friday, September 15, 2023**.

Parent/Guardian Name (Print): _____

Scholar's Name (Print): _____

Scholar's Grade: _____ Scholar's Teacher Name (Print): _____

I hereby authorize Goodwin University Magnet System, and Connecticut Regional School Choice Office (collectively, the "Educational Entities") **to photograph, videotape, and/or interview my child**. Such photograph, videotape, and/or interview may be done by Educational Entities staff or individuals authorized by the Educational Entities. These photographs, videotapes, and/or interviews may be published in any form and for the purposes of **public relations announcements** by the Educational Entities, the **internet and social media sites** of the Educational Entities, printed publications by the Educational Entities, or other articles used by the Educational Entities. I further authorize the Educational Entities to use any existing photographs, videotapes, and/or interviews of my child for such purposes and in such forms. I acknowledge that since my child's participation in the photographs, videotapes, and/or interviews is voluntary, we will receive no financial compensation. This authorization is not revocable as to any use that has already occurred at the time of such revocation. I waive any confidentiality rights as I may have related to such photographs, videotapes, and/or interviews. I understand that if my child will be identified by name in a photograph, videotape, or interview, I as parent/guardian will be contacted for permission prior to publication. I further agree that my child's participation in any photograph, videotape, and/or interview produced by the Educational Entities grants to me and/or my child no rights of ownership whatsoever and I and my child assign to the Educational Entities any rights of ownership we may have. I release the Educational Entities and their employees/contractors from any liability for any claims by me, my child or any third party in connection with such participation.

YES, I give permission for my scholar to be photographed, videotaped, or interviewed for the purposes listed above _____

NO, I DO NOT give permission for my scholar to be photographed, videotaped, or interviewed for the purposes listed above _____

Parent/Guardian Signature: _____ Date: _____

**This form will be kept on file for one school year.* Thank you for your continued support! If you have any questions, please contact Casey Guiheen; Family and Community Outreach & Engagement Coordinator at cguiheen@goodwinmagnetsystem.org.