

**EXTENDED DAY PROGRAM
Photo/Video Release Form**



NAME OF STUDENT: _____

I give permission for my child to be photographed and/or recorded on video in connection with Calcasieu Parish Extended Day Program activities. I understand that all photos and videos will become the property of Calcasieu Parish Extended Day Program. These recordings may be used in in-service presentations and displays, informative brochures, and/or maintained for security purposes. I further agree that any reproductions may also be published and distributed to the general public.

I understand and agree to the above stated conditions and give permission for my child to participate.

Parent/Legal Guardian (Please Print)

Parent/Legal Guardian (Signature)

Date