

Our Lady of the Assumption Catholic School

Student Photography Opt-Out Form

Student Information

- **Student Name(s):** _____
- **Grade/Class:** _____
- **Parent/Guardian Name:** _____
- **Relationship to Student:** _____
- **Contact Number:** _____
- **Email Address:** _____

Opt-Out Agreement

I, the undersigned, as the parent/guardian of the above-named student, hereby request that Our Lady of the Assumption refrain from photographing, videotaping, or otherwise recording my child during any school-related activities or events. This includes but is not limited to: **Classroom Activities, School Assemblies, Field Trips, Sports Events, School Functions (e.g., performances, graduations).**

By signing this form, I understand and agree to the following:

1. **Scope of Opt-Out:** My child's image and likeness shall not be used in any school publications, social media platforms, or promotional materials. This includes digital, print, and video formats.
2. **Limited Exceptions:** This opt-out does not apply to images or recordings captured inadvertently in large group settings where individual identification is not possible or intended.
3. **Duration:** This opt-out request is valid for the current academic year. It must be renewed annually to remain in effect.
4. **Revocation:** I may revoke this opt-out at any time by submitting a written request to the school administration. The revocation will take effect upon receipt and processing by the school.
5. **Responsibility of the School:** Our Lady of the Assumption Catholic School will make reasonable efforts to comply with this request. However, I acknowledge that inadvertent or incidental capture of my child's image may occur, and I agree not to hold the school liable for such incidents, provided they are not intentional or reckless.
6. **Release of Liability:** By submitting this form, I release Our Lady of the Assumption and its employees, agents, and representatives from any and all claims, damages, or liabilities arising from the use or non-use of my child's image or likeness, in accordance with this opt-out request.

Signature

I have read and understand the terms of this opt-out agreement and voluntarily choose to opt-out my child from being photographed or recorded by Our Lady of the Assumption Catholic School.

Parent/Guardian Signature: _____

Date: _____