



PEASTER ISD VOLUNTEER PHOTOGRAPHER LIABILITY RELEASE FORM



Thank you for volunteering your time and talent to capture special moments for your team/organization and Peaster ISD! Please complete this form and submit it to the campus office or district communications office prior to receiving your photographer pass.

Volunteer Photographer Information

- **Full Name:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Address:** _____
- **Are you a:**
 - Parent / Guardian
 - Student (Grade: _____)
 - Community Member

Acknowledgment and Release

I, the undersigned, acknowledge that I am volunteering as a photographer for Peaster ISD at school events. I understand that:

- I am not an employee or contractor of Peaster ISD.
- I am voluntarily assuming any risks associated with being on school property or at school events for photography purposes.
- Peaster ISD is not responsible for any injury, loss, or damage I may sustain while participating in volunteer photography.
- I agree to follow all district and campus safety rules and staff instructions while on school grounds.

By signing below, I release Peaster ISD, its employees, volunteers, trustees, and agents from any and all liability for injuries, damages, or losses arising from my volunteer photography activities.

Signatures

Volunteer Photographer Signature: _____ **Date:** _____

(If photographer is a student, parent/guardian consent is required.)

Parent/Guardian Name: _____ **Phone:** _____

Parent/Guardian Email: _____

Parent/Guardian Signature: _____ **Date:** _____