



Student Teaching Videotaping Consent Form

I certify that I have voluntarily chosen to allow my student to participate in the videotape and/or audiotape recording described above, and I assume all risks and liability associated with such a recording. I understand that any video and/or audio recordings taken on _____ will be the sole property of _____ and that _____ will have sole control over the possession, use, and distribution of the recordings. I certify that I understand that the District will have no access to these recordings, has no control over their use or distribution, and is not responsible for any such use or distribution.

By signing this form, I hereby release Columbia School District No. 93, its Board, its Board members, administrators, directors, officers, teachers, pre-service teachers, employees, assigns, and volunteers from any and all claims, demands, actions, complaints, suits, or other forms of liability arising out of or in any way related to the videotaped and/or audiotaped recording of my student _____ on _____ by _____.

I understand that this Release is to be binding on my student, myself, and all of our heirs, personal representatives, next of kin, spouses, and assigns.

I confirm that I have carefully read this Release and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the student identified in this Release.

This Consent and Release has been read and is understood by me.

Name of Student's Parent or Legal Guardian

Signature of Student's Parent or Legal Guardian

Date Signed