

GOREVILLE



CUSD #1

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201 S. FERNE CLYFFE ROAD - GOREVILLE, IL 62939

Photo Release Permission Slip

2020-2021

Student Name: _____ Grade: _____

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the school year for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

Yes, I give consent for Goreville School to photograph my child for school purposes and/or at school events.

No, I do not authorize Goreville School to photograph for my child for any event.

Parent Signature: _____ Date: _____

PLEASE FILL OUT BACK OF FORM

 ***"HOME OF THE BLACKCATS"*** 