

Cedar Ridge High School Theatre Department

PHOTOGRAPHY/VIDEO Parent Permission Form

I, the undersigned parent or guardian, do hereby grant permission for my child:

Student's Name: _____

to be photographed and/or recorded for educational purposes through the Cedar Ridge theatre department. I understand that these products may be used on our CRHS Theatre website, Cedar Ridge Theatre social media outlets, and possibly by local news media. However, your child's photo and/or video shall not be used for any commercial purposes.

I, the undersigned parent or guardian, **DO NOT** grant permission for my child:

Student's Name: _____

to be photographed and/or videotaped for educational purposes through the Cedar Ridge theatre department.

Parent's Name (printed): _____

Parent's Signature: _____

Date: _____

Student's Signature: _____

Date: _____