

Statement of Permission and Release of Liability Form



Student Information (Complete an Application for Each Child)

Child's Name (Last, First, Middle)		Date of Birth	Age	Grade
Street	City	State	Zip Code	
Home Phone Number				

Permission

I understand, as parent/legal guardian of the above-named child, that there are times when the news media and/or nonprofit organizations partnering with Saint Lucas Lutheran School request the opportunity to take photographs, shoot videotape, and/or interview students.

Release

I also understand that by signing this release I give my permission to Saint Lucas Lutheran School to make or use pictures, digital images, slides, videos, or other reproductions of me, of my minor child, or of materials owned by me or my child, and to put the finished pictures, slides, videos, or images to use without compensation in broadcast productions, publications, on the Web, on social media, or in other printed or electronic materials related to the role and function of Saint Lucas Lutheran School.

Furthermore, I understand that by signing this, I am, on behalf of myself and my child, releasing Saint Lucas Lutheran School and its governance, officers, employees and agents from any future claims as well as from any liability arising from the use of any photograph or other images.

This form shall be valid for the entire school year and can be revoked by the parent/legal guardian at any time in writing.

- Yes, I give permission to Saint Lucas Lutheran School.**
- No, I do not give permission to Saint Lucas Lutheran School.**

Parent's/Guardian's Signature: _____ Date _____

_____ Date _____