



New Hope-Solebury School District

180 W. Bridge Street New Hope, PA 18938

MEDIA RELEASE FORM

Student Name: _____
Print Name

School Name: _____ Date: _____

The New Hope-Solebury School District (NHSD) is committed to protecting the privacy of all students and their families. The following is provided to offer you as a parent/guardian the right to choose whether or not your child may be photographed, videotaped or recorded for publicity or for internal purposes, such as newsletters, school and NHSD presentations, NHSD advertisements, NHSD web site, etc.

I, _____, the parent/guardian of _____ hereby give my full and complete permission, without reservation or restriction, for my child to be photographed (still or motion) and/or tape recorded (audio or video) by employees of the New Hope-Solebury School District and its education partner organizations.

____ I understand and agree that I am hereby waiving all claims to the use of said photographs, slides, films, videotapes, audiotapes or other audiovisual representations taken or made of my child.

____ I do not wish to allow my child to be photographed, videotaped or recorded.

Please Print:

Name of Parent/Guardian Signature

Signature

Date