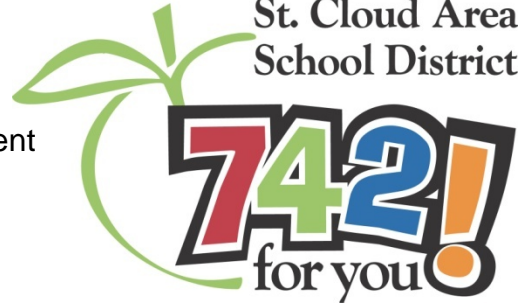


**District 742 Community Education
Photographic Release**

St. Cloud Area
School District



(Please check one)

☐ I **do** give consent

☐ I **do not** give consent

Date _____

Student/Participant Name _____

Address _____ Phone # _____

Location _____ Instructor (if applicable) _____

I hereby consent to the photographing of myself and/or the recording of my voice and the use of these photographs and/or recording singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes. I understand that the term "photograph" as used herein encompasses both still photographs, motion picture and video footage.

I further consent to the reproduction and/or authorization by District 742 Community Schools to reproduce and use said photographs and recordings of my voice, for use in all domestic and foreign markets. Further, I understand that others, with the consent of District 742 Community Schools may use and/or reproduce such photographs and recordings.

I hereby release District 742 Community Schools, and any of its associated or affiliated counterparts, their directors, officers, agents, and employees from all claims of every kind on account of such use.

Signature of Legal Guardian or Participant (if independent adult)

Date