

Fusion Photo/Video Release Form

Student Name: _____
(A separate form must be completed for each student)

During regularly scheduled evenings and special events, Fusion often uses photographs and videos of our students for a variety of projects and media. Because we are sensitive to the safety and privacy of your family, **at no time will the names of our students accompany their photo or video image without your consent.** Below, is a release which allows you to indicate your preferences.

Please indicate below whether Fusion has permission to use photographs, images, or video of your child.

Please check one:

- I agree** that photographs, images and/or video of my child may be used for any publications, including those prepared for both an internal and external audience. This includes our website and social media.
- NO, I do not** want my child's photograph, image, or video used in any way.

Parent/Guardian Name _____

Signature _____

Date _____