



**Consent to Use Picture and/or Quote
Chester Upland School District
Administration Building
232 W. 9th Street, Chester PA 19013**

I hereby give permission to the Chester Upland School District, to interview, audiotape, photograph, videotape, film, or capture by any other electronic means the image of my child. In signing this form, I hereby release any and all actions and claims which I, my child, my family members, our heirs, executors or administrators may have against the Chester-Upland School District and its employees, representatives, agents, successors and assigns, the Education Empowerment Board and any and each of its members, arising for any reason whatsoever from the use, publication, distribution, or republication of the words or images gathered.

I warrant that I am at least eighteen (18) years of age and acknowledge that I have thoroughly read and understand this Waiver and Release Form.

Please Print

Student Name: _____ School/Grade: _____

Signature

Parent/Guardian: _____ Date: _____

As the parent of a student under the age of eighteen (18), I hereby give permission to the foregoing.

Signature

Parent/Guardian Name: _____ Date: _____