Third Party organizations or individuals may wish to make film, photographic, or audio recordings of RVS students, staff, and/or visitors for use in public promotional activities of the Third Parties (herein referred to as the promotional activities). This form provides parents, students, independent students, staff and/or visitors with the option to opt out of participation in the promotional activity. RVS cannot control or prevent the distribution or use of personal information / film / photography / recordings once made public. This form does not apply to instances where Third Parties film, photograph or record students, staff or visitors off RVS property or without RVS’ knowledge and approval.

**NOTICE:** The activities of the Third Party named below are not activities of, or sponsored by, Rocky View Schools and participation of any student or staff or visitor in the promotional activity is entirely voluntary and a matter of personal choice.

|  |
| --- |
| School or Site of Promotional Activity (Film/Photography/Recording):       |
| Date(s) of Film/Photography/Recording:       |
| Third Party Involved (full legal name, address, phone number and contact name):       |
| RVS Activity Contact:       |
| Name of Promotional Activity:       |
| Details of what Film/Photograph/Recording will be used for: *(Educational purpose, potential use(s) of images, involved media presence, what is being promoted if specific company or program)* |
|       |
|       |
| How will Film/Photograph/Recording be published (internet/public exhibition/other): |
|       |

|  |
| --- |
| **Consent for Release** (Parent/Guardian/Independent Student/Visitor/Staff)  Full Legal Name of Filmed/Photographed/Recorded Individual  School/Site  |
| *\_\_\_\_\_*I consent to the above-mentioned student/staff/visitor to participating in the promotional activity including the making of any film/photograph/recording (s) and the subsequent use of the film/photograph/recording (s) by the Third Party as described above.\_\_\_\_\_I DO NOT consent to the above-named student/staff/visitor participating in the promotional activity NOR do I consent to the use of any film/photograph/recording (s) where the above-named student/staff/visitor ***may*** have been captured by the Third Party. |
| Name (Printed) Signature  |
| Date (yyyy-mm-dd):  |

Consent is valid only for the use outlined above. A copy of this form must be returned to the Associate Superintendent of Business and Operations (retained for 5 years), as well as being kept on file at the school for a period of 1 year.

AP144 – Public Use of Student Images/Work