



Sarah E. Goode STEM Academy
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Mr. A. Rodríguez, Principal

Mr. R. Bustos, Assistant Principal

PHOTO/VIDEO CONSENT

To Whom It May Concern:

I hereby consent to have my child, _____, photographed, videotaped, audio taped, and /or interviewed by the Board of Education of the city of Chicago (the "Board") or the news media on the school premises when in session or when my child is under the supervision of the Board. I also consent to the Board's use if my child's photograph or likeness in voice on the internet or an educational use of CD, or on any other electronic/digital media. As the child's parent or legal guardian, I agree to release and hold harmless the Board of Education of the city of Chicago, its members, trustees, agents, officers, contractors, consultants, volunteers, and employees from and against any and all claims, demands actions, complaints, suits, or other forms of liability that shall rise out by reason of, or be caused by the use of my child's photograph, likeness, or voice on televisions, radio, or motion pictures, or in the print medium, or on the internet or any other electronic/ digital medium.

It is further understood and I do agree that no monies or other consideration form, including reimbursement for any expense incurred by me or my child will be come due to me, my child, our heirs, agents, or assigns at any time because of my child's participation in any of the above activities or the above -described use of my child's photograph, likeness, or voice.

Print Child's Name _____

Address _____

Print Parent Name _____

Date _____

Signature of Parent/Guardian _____
