



## Consent to Photograph/ Permission to Use Photograph or Video

**Event Name:**

**Event Date & Time:**

I grant to Lake Washington Council PTSA and its representatives the right to take photographs and/or video of me in connection with this PTSA event. I authorize Lake Washington Council PTSA, its representatives and transferees, to use and publish the same in print and/or electronically.

I agree that Lake Washington Council PTSA may use such photographs or videos of me with or without my name for any lawful purpose, including for example such purposes as publicity, illustration, promotion and digital content.

By signing below, I indicate that I have read and understand the above:

**Signature (Electronic signature is acceptable):**

**Printed Name:**

**Date:**

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### For Student Participants:

This event may be promoted / delivered via a variety of forms that may include publication on our website (LWPTSA.net), in PTSA publications (e-newsletters), PTSA's Meta platforms (Facebook, Instagram), in Lake Washington School District publications featuring PTSA news, and/or news media.

Please indicate your preference for the use of your or your student's identifying information (name and picture, as well as biographical information) related to this event. Students over age 18 may sign for themselves. If the student is under 18, a parent or guardian must also sign this form.

**Name of Student (Print):**

**Student Signature:**

**Date:**

**Parent/Guardian Signature:**

**Date:**

I give permission for my / my child's first and last name, image, and school/grade information related to this event to be used in PTSA media, including digitally.

I give permission to share **only**:    First name    Last name    School    Grade Level    Photo/Video

No permission granted.