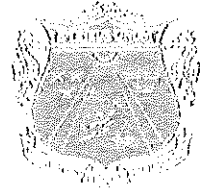


LOWER CAPE MAY REGIONAL SCHOOL DISTRICT



687 ROUTE 9, CAPE MAY, NJ 08204-4697

TEL: (609) 884-3475

FAX: (609) 884-7067

www.lcmrschools.com

CONSENT TO PHOTOGRAPH, FILM OR VIDEOTAPE A STUDENT FOR NON-PROFIT USE

(e.g. educational, achievement, award, recognition, project, public service)

STUDENT NAME (PRINT CLEARLY): _____

STUDENT'S Anticipated Graduation Year (Circle One):

2025 2026 2027 2028 2029 2030

I DO CONSENT to the participation in interviews, the use of quotes, the use of name, and the taking of/use of photographs, movies or videos (including live-streamed) of the student named above for the duration of the student's career in the Lower Cape May Regional School District. I also grant the right to edit, use and reuse said products for nonprofit purposes including use in print, on the internet, in the yearbook, and all other forms of media. I also hereby release the Lower Cape May Regional School District and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

OR

I DO NOT CONSENT to the participation in interviews, the use of quotes, the use of name, and the taking of/use of photographs, movies, or videos of the student named above for the duration of the student's career in the Lower Cape May Regional School District.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

My student MAY appear in the yearbook only (Initial in box):

QUESTIONS?

Contact: Christine Teeney, Director of Curriculum & Instruction
teeneyc@lcmrschools.com