

## **Photo/Video Release Form**

Waxahachie Band Booster Club, Inc.  
PO Box 2092  
Waxahachie, TX 75168

Permission to Use Photograph/Video

Events: Band Related

I grant Waxahachie Band Booster Club, Inc., the right to take photographs/video of me and my family in connection with the above-identified events. I authorize Waxahachie Band Booster Club, Inc., its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Waxahachie Band Booster Club, Inc. may use such photographs/video of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date