



Hays CISD Webcast/ Video Release Form



Student Name: _____

Campus: _____ Grade: _____ Teacher _____

The student named above has been chosen to participate in (event name):

on (date): _____.

The event will be videoed and/or filmed and posted and/or webcast live via the district/campus website.

Select one:

I am the person named above. I am over the age of eighteen (18) years.

I am the parent/legal guardian, or other person having full authority to execute the release of the above-named person.

I hereby grant permission to Hays Consolidated Independent School District to video the student named above and to use the video(s) in district/campus website and/or instructional programs. The video(s) are solely the property of Hays CISD. My child or I will not be paid a fee, stipend, or any other sort of compensation for his/her time not for the use of his/her video.

Signature

Date