



THE HIGHLANDS SCHOOL

2409 CRESWELL ROAD • BEL AIR, MARYLAND 21015 • PH: 410.836.1415 • FAX: 443.412.1098 • hsmd.org

PHOTOGRAPH & VIDEO RELEASE

- I **give permission** to The Highlands School, its faculty and staff, to use any **photographs or zoom** depicting my child's involvement in the school's activities. These materials will be used exclusively for marketing purposes to inform and educate people about The Highlands School's programs. Photographs will **not** have my child's name associated with it, unless I provide permission.
- I **do not** give permission to have photographs used of my child.
- I **give permission** to The Highlands School, its faculty and staff, to use any **videos or zoom** depicting my child's involvement in the school's activities. These materials will be used exclusively for marketing purposes to inform and educate people about The Highlands School's programs. Video will **not** have my child's name associated with it, unless I provide permission.
- I **do not** give permission to have video used of my child.

EMAIL RELEASE

- I **give permission** to The Highlands School to include my email address on the school roster to be distributed to other Highlands School families only.

My signature below indicates that I have carefully read the information in each section above, and have indicated by checking the applicable box whether or not I give permission for The Highlands School to photograph and/or videotape my child.

This release remains active as of the date listed below. If at any time I want to make a change to this Photo/Video/Email Release form, I will submit a request in writing to the Admissions Department of The Highlands School.

My signature below also indicates that I will not hold The Highlands School responsible for any release, distribution or web-based posting of any photographs/videos taken by individuals not employed by The Highlands School.

Date

Parent/Guardian Signature

Student Name