



Smee School District 15-3

Wakpala Public School
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Telephone: 605-845-3040
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PARENT RELEASE FORM FOR MEDIA RECORDING

I, the undersigned, do hereby grant or deny permission to the Smee School District 15-3 to use the image of my child, _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the school district's website.

- Deny Permission to use my child's image at all.
- Grant Permission to use my child's image.

Parent/guardian signature: _____ Date: _____