



# SONORAN SCIENCE ACADEMY

## CONSENT TO PHOTOGRAPH/VIDEOTAPE

Student Name: \_\_\_\_\_

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

We, the undersigned parent(s)/guardian(s), agree to allow Sonoran Science Academy to photograph and/or videotape our son or daughter in connection with any school activity and to use such photographs/videos for any school-related purpose, including use related to Sonoran Science Academy exhibitions, publicity, advertising and promotional materials.

Signature of either or both Parent(s)/Guardian(s):

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_