

Leander ISD
Cedar Park High School Theatre Department

**PHOTOGRAPHY/VIDEO
Parent Permission Form**

I, the undersigned parent or guardian, **do** hereby grant permission for my child(ren):

Student/Students Name/Names

to be photographed and/or videotaped for the purposes of communicating information regarding Leander ISD and its programs to the public. I understand that these products may be used on our CPHS Theatre website and by local news media, but will not be used for any commercial purposes.

I **do not** grant permission for my child (ren):

Student/Students Name/Names

to be photographed and/or videotaped for the purposes of communicating information regarding Leander ISD and its programs to the public.

Signature: _____

Name (printed): _____

Date: _____