



## PHOTOGRAPHY/VIDEO/MEDIA

Permission Form

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

\_\_\_\_\_  
Student Name(s)

to be photographed and/or videotaped for the purposes of communicating information regarding Boerne ISD and its programs to the public. I understand that these products may be used on our Boerne High School 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 Name(s)

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

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

Name (Printed): \_\_\_\_\_

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

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**Boerne High School Theatre**

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