



MONTAGUE TOWNSHIP SCHOOL DISTRICT



475 Route 206

Montague, New Jersey 07827

V: 973-293-7131 / F: 973-293-3391

www.montagueschool.org

CONSENT AND RELEASE FORM

I am the Parent or Guardian of

Student Name: _____

Class: _____

By signing this form, I give Montague School District permission to publish/display my child's name, image, and schoolwork on school website, World Wide Web, a part of the Internet, newsletters, newspapers, and/or magazines. I understand that copyright and ownership of the work or writing remain my child's property. I also understand that the publication/display of image and schoolwork may include personally identifiable information about my child, such as my child's name, grade level, name of class, and name of school.

I also understand that information published in the newsletters, newspapers, magazines, or Internet may be accessed and distributed by parties over whom Montague School District has no control, and I agree, on myself and my child's behalf, to release Montague Township School District, its board members, administrators, teachers, and employees, from and against any and all claims, damages, or liability arising from or related to the aforementioned publications/displays of my child's name, image, and/or schoolwork. I understand that there are potential dangers associated with the posting of personally identifiable information on a Web site, since global access to the Internet does not allow for control of who may access such information

I have read this Consent and Release form before signing it and I fully understand that my child will not be penalized academically or otherwise if I do not sign it.

Parent/Guardian's Full Name (please print) _____

Parent/Guardian's Signature _____

Date _____