

BACPAC

School District of Benton Wisconsin
Director, Mrs. Hughes Phone: 608.759.4002 x 316 mhughes@Benton.k12.wi.us

PHOTO CONSENT FORM 2018-2019

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

_____ Yes, I do give my consent to the BACPAC program, as part of Benton School District, to use photo or video images taken of my child in school brochures, advertisements for the school, on the website, in social media, and in other school publications as they see fit. I agree to hold harmless from any liability which may result from the use of said picture(s).

_____ No, I do not give my consent to the BACPAC program, Benton School District, to use pictures taken of my child in school brochures, advertisements for the school, on the website, in social media, and other school publications as they see fit.

Signature: _____ (Parent or Guardian) _____ (Date)

Name of Parent or Guardian: _____ (Print Name)