

**EAST ORANGE SCHOOL DISTRICT**  
**DIVISION OF BUSINESS SERVICES**  
199 Fourth Avenue  
East Orange, New Jersey 07017-1026  
Phone (862) 233-7300 Fax (973) 678-4987  
[www.eastorange.k12.nj.us](http://www.eastorange.k12.nj.us)

---

EOSD AUDIO AND IMAGE CONSENT, RELEASE AND WAIVER

I hereby grant permission to the East Orange School District (“EOSD”) to obtain video and/or photographic images, likeness and/or the sound of my/my child’s voice as recorded on audio or videotape, for use by the EOSD. I understand that the images and/or sound recordings may be edited, copied, exhibited, published or distributed within the district now or in the future and may be used in any medium, which will be viewed by:

1. Public audiences reached through, but not limited to, newspapers, magazines, television, newsletters, websites and other social media platforms, conference presentations, educational presentations or courses, informational presentations, on-line educational courses, educational videos, television and other broadcasts, film, and other showings related to the EOSD.
2. General audiences to whom the mission and vision of East Orange School District is of interest.
3. Professionals in related fields.

In addition, I understand and agree that on occasion the taping of performances and special projects in the schools may be duplicated and made available to the school community through student activity groups or organizations such as the PTA, Band Parents, etc. These recordings will not be used for commercial-for-profit ventures. Neither adults (parents, guardians, district employees, invited guests) or students attending the EOSD will be entitled to any compensation from the EOSD now or at any time in the future with respect to the use of the aforementioned images or sound recordings, nor will there be any approval or inspection of the images or sound recordings prior to their use.

I understand and acknowledge that the name of the individual involved and the associated school may also be used. This form will be used for students, staff, parents and invited guests for the entire duration of enrollment, employment and involvement in the EOSD.

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

Please check the description that applies to you:

I am a Parent/Guardian     I am an employee     I am an invited guest of the EOSD

Parents please print your child’s name (one student per form)

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

School: \_\_\_\_\_