



**Please complete and return to the school**

I, the parent/legal guardian of the student named below, or I, an "Independent Student" (as defined by the **School Act** of Alberta) (in each case, the "student"), consent to the following:

- (a) the photography, filming, audio or digital recording by The Calgary Board of Education ("CBE") or its agents/contractors of the Student and/or the Student's school work for the exclusive purpose of promoting and celebrating the CBE and CBE initiatives and achievements and those of its students (the "**CBE purpose**"). Such photograph, filming or recording may include identifying the student by name;
- (b) the use by the CBE or its agents/contractors of the photographs, films or recording of the student and/or his school work for the CBE purpose may include, without limitation:
  - (i) displaying the student's image on CBE property, on public property, on CBE websites or print or electronic publications;
  - (ii) publicly broadcasting any film or recording of the student;
  - (iii) educational use of the student's image, film, recording or of his or her school work for CBE staff development.

I understand that to the extent CBE or its agents/contractors may display or distribute any film, photograph or recording of the Student or Student school work to the public, CBE cannot control the use of such film, photograph or recording by members of the public, who may use the film, photograph or recording for the purposes that are unrelated to the CBE purpose.

I waive and release the CBE, its trustees, superintendents, employees, consultants, agents and contractors from any claims, losses, liabilities, damages and costs arising from the use by any members of the public of any film, photograph or recording of the Student or of the Student's work for purposes other than the CBE purpose. I have read and understood this Consent and Waiver and have signed the same voluntarily.

This Consent and Waiver is governed by Alberta laws.

Signed at Calgary, Alberta as of the date below.

\_\_\_\_\_)  
Witness Signature )

\_\_\_\_\_  
Signature of Parent/Guardian/Independent Student

\_\_\_\_\_  
Print Witness Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of CBE Student (please print)