



Photo and Video Release Form

I hereby give my permission, as the parent/legal guardian of the participating student named below, to the NCSSMST and WPI (Worcester Polytechnic Institute) for the use and reproduction of the video footage, photographs or voice recordings of this participating student. I understand that the use of the participant's image and voice will be primarily for the purposes of education and/or promotion by these organizations.

Name of Participant: _____

Age of Participant: _____

Participant's School: _____

Signature of Parent/Guardian: _____

Date: _____

Printed Name of Parent/Guardian: _____

Address: _____

City: _____ State: _____

Zip Code: _____

Phone: _____