



The Independent  
School District of Boise City

8169 West Victory Road  
Boise, ID 83709

(208) 854-4000  
FAX (208) 854-4003

**INDEPENDENT SCHOOL DISTRICT OF BOISE CITY NO. 1  
Student Photo Release Form**

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

Date of Birth \_\_\_\_\_

I, as parent or guardian, of the above named student, voluntarily give the Independent School District of Boise City No. 1 ("BSD" or "District") permission to use my child's photograph or photographic image in official District business, including, but not limited to: school website(s), newsletters, brochures, yearbooks, etc.

I hereby release and hold harmless the District and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the pupil and/or parent or guardian which relate to or arise out of any use of these photographs.

**My signature shows that I have read and understand the release and I agree to accept its provisions.**

Signature of Parent/Guardian \_\_\_\_\_

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

Name of Parent/Guardian (printed) \_\_\_\_\_

Telephone \_\_\_\_\_

Address (Number, Street, Apartment Number)  
\_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

**Granting of permission is voluntary. Please return completed form to school.**

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Principal \_\_\_\_\_ School \_\_\_\_\_