***PARENT/GUARDIAN AND STUDENTS WAIVER OF VIDEOTAPING SCHOOL EVENTS FOR FILM CLUB AND/OR DIGITAL MEDIA COURSE***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my (our) permission to participate in all Westwood Regional District events throughout the 2010-2011 school year in which he/she will be videotaping for either the Video/Film Club or the Digital Media Course which he/she is a member/student of. These events may include videotaping any Westwood Regional events possibly after school/classroom hours, at various fields, after school hours, on weekends or even at another school. Students may also participate in events taking place at the WCTV studio in the Twp of Westwood. Students will have a scheduled Production Meeting time with the Advisor/Teacher, where the advisor will review roles and responsibilities of the shoot, but the student will be responsible to work with independently or within his/her group for the remainder of the shooting time at a particular event. The student must also immediately report and loss or damage done to any piece of equipment while within his/her possession within 24 hours to an administrator or the advisor. If a loss/damage goes unreported, the student may be held responsible for replacing the equipment to the school.

The undersigned parent or guardian assumes all risk and liability in connection with the student’s participation in any and all of the Westwood Regional School District sponsored events that require a Film Club or Digital Media student to cover/videotape that event. I (we) hereby release, discharge and will insure the Westwood Regional School District, its officers, employees and agents from all liability, claims, or demands for any damage, loss or injury to the student, the student’s property or parent’s property in connection with participation in these activities.

I do hereby certify that my student will be held responsible for properly reporting any issue with regard to the equipment he/she is using, and failing to do so may result in replacement cost. I do hereby certify that to the best of my (our) knowledge my (our) child is in good health and is fully able to participate in these activities. In case of accident or illness, permission is granted for emergency treatment to be administered. It is further understood and agreed that the undersigned will assume full responsibility for any such action, including payment of costs.

I (we) hereby advise that the above named minor has had the following allergies, medical reactions or unusual physical condition which should be made known to a treating physician. (If none, please write “none” on the line below)”

***Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Parent/Guardian’s Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Parent/Guardian’s Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***