

# EXETER REGION COOPERATIVE SCHOOL DISTRICT

STAFF NAME \_\_\_\_\_

## Audio-Video Release:

Permission is hereby granted for me to participate in audio and/or video recordings, web streamed and/or web broadcasts that are school-related activities. I understand that such audio, video and/or digital recordings are being used for educational and/or school-related purposes only and that these materials may be distributed for educational and school-related purposes only. I also understand that these recordings will not be sold or duplicated for profit.

STAFF SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

(SIGN BELOW ONLY TO REFUSE REQUEST)

I do NOT give the Exeter Region Cooperative School District permission to make audio and/or video, web streamed, and/or web broadcast recordings of me.

STAFF SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Board Policy: EEAAA (RSA 189:68, IV)—New Requirement—October 2015