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PHOTOGRAPHY/VIDEO/MEDIA Parent Permission Form

_____ I, the undersigned parent or guardian, do hereby grant permission for my child(ren):

Student/Students Name/Names

to be photographed and/or videotaped for the purposes of communicating information regarding Boerne ISD and its programs to the public. I understand that these products may be used on our Boerne HS Theatre website and by local news media, but will not be used for any commercial purposes.

_____ I DO NOT grant permission for my child(ren):

Student/Students Name/Names

to be photographed and/or videotaped for the purposes of communicating information regarding Boerne ISD and its programs to the public.

Parent Signature: _____

Name (printed): _____

Date: _____