

**The HOOT Resource Center
Marshall Public Schools**

I hereby give permission for me or my child to be photographed or videotaped for the purpose of:

- Communicating to the public about the program through District website postings, printed materials such as newsletters, brochures or calendars, or other media.
- Developing classroom teaching materials
- Developing public relations displays
- Developing community education presentations
- Sharing information within the school district
- Recording progression of goals
- Training the staff of HRC

I understand that the District is not responsible for what other students or individuals post on social media regarding the HRC and its clients.

Parent or Guardian _____ Date _____

Student(s) Name (s) _____

Witness _____ Date _____