



**2023-2024 CVHS Bands  
Photography Videography Release**

I, \_\_\_\_\_ am the student's parent / legal guardian of \_\_\_\_\_ and I authorize CVHS Bands or a representative of the band program to video record or photograph the student during the course of the school year. I also understand that these photos / videos will be shown on multiple social media sites and/or websites.

\_\_\_\_\_  
Parent / Legal Guardian

\_\_\_\_\_  
Date