

**In Perpetuity  
Photo/Video  
Consent Form**

Family Name \_\_\_\_\_

First names of family  
members \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I **Do** give my permission for Charlottesville Waldorf School to use pictures and/or video footage taken of any member of our family in brochures, advertisements, school publications and/or as part of the CWS DVD series. I agree to hold harmless Charlottesville Waldorf School from any liability that may result from the use of said picture(s) or DVD images.

\_\_\_\_\_ I **Do Not** give my consent to Charlottesville Waldorf School to use pictures and/or video images of any member of our family in school brochures, advertisements, school publications and/or as part of the CWS DVD series.

Parent's  
signature \_\_\_\_\_

Date \_\_\_\_\_