

**Student Name:** \_\_\_\_\_

**Authorization to Reproduce Physical Likeness**

I grant to Governor's School and the Virginia Department of Education the right to photograph my son/daughter (named above) and use his/her picture, silhouette, or other reproductions of my child's physical likeness in connection with advertisements, publications, and/or videotapes of Governor's School. These reproductions may include an exhibition, incorporation into a publication, a television broadcast, school advertisement or promotion, or any other use of videotapes. My signature below indicates I have read and understand the meaning and effect of this release form.

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Name of Parent or Guardian (Please Print)                      Signature                      Date

**Field Trip Permission Form**

I have read and agree with the information regarding field trips listed in the Student Information Packet. I give my permission for my daughter/son (named above) to participate in all field trips taken by the Governor's School program this year.

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Name of Parent or Guardian (Please Print)                      Signature                      Date