

Media Release Form

I hereby grant my permission to be photographed/videoed/and-or/interviewed. It is my understanding that this photograph/interview or portions thereof will be used for public view.

I agree to participate in this project without financial remuneration, and I understand that this releases the photographer/interviewer from any future claims as well as from any liability arising from the use of said photo/video/interview.

Name of participant: _____

District name or program: _____

Address: _____

City, state, zip: _____

Phone: _____

Signature (if participant is under 18, parent or guardian signature is required for student):

Date: _____