



Video/Photo Release Form

Youth

Seattle Public Schools will sometimes recognize our talented students and staff through the use of video recordings and photographs. These videos and/or photographs are used for professional development and sharing good news about our schools.

I _____ give permission for photographs and/ or video (audio and/or visual) recordings of my child under age 18 to be used by Seattle Public Schools for television, radio, print, and online (including web page and social media) uses. I agree that Seattle Public Schools will own the copyright and all other rights, title, and interest in the recordings and/or photographs. I understand that the recordings and/or photographs may be edited, copied, exhibited, published, or distributed and I waive the right to control the finished product. I also understand that this material may be used in diverse educational and news media settings within an unrestricted geographic area.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational, informational, promotion, and/or news media purposes.

Participant's Full Name (Please Print)

(____)_____-_____
Phone Number

Parent/Guardian Signature

Date