SOCIAL MEDIA / PUBLIC WEBSITE MEDIA RELEASE FORM

Media Release Agreement for Elementary Students (PK-5)

Valid for the entire duration of my child's enrollment at any elementary school within the Washington County School District

I hereby grant permission for my child to be interviewed, photographed or published publicly by Washington County School District ("District") and/or the schools within the District. I understand that my child's image may be edited, copied, exhibited, published or distributed for educational or district/school promotional and/or news/public relations purposes. I understand that this material may be used in diverse educational settings within an unrestricted geographical area.

Photographic, audio or video recordings may be used for the following purposes:

- Educational presentations or courses
- Social media/stories
- News stories
- School/District promotional purposes

I understand that publishing any content online comes with some risk. The District creates online content to fulfill its education mission for the benefit of its students. The District's agents follow District Policy 3720 and other administrative rules, which are intended to minimize the risk associated with posting content online. Although risk still exists, I understand and agree the risk is minimal and justifiable in accomplishing the District's educational mission, and I hereby release and discharge the District from any and all claims and demands arising out or in connection with the use of photographs, audio, and video Utah Code 76-9-201(7).

By consenting to this Release, I also affirm that I have not opted my child out of having his/her photographs be part of the District's directory information under the Family Education Rights and Privacy Act (FERPA) (20 U.S.C. 1232g; 34 CFR Part 99)

I understand that this release is valid for the entire duration of my child's enrollment in elementary school (grades PK-5) within the Washington County School District and applies to any and all events that involve the photographing or video recording of my student during this time.

Student Name: _____
(Required even if opting out)

Parent / Guardian Name: _____
(Required even if opting out)

OPTION 1: CONSENT **(Grant Permission)**

☐ I hereby grant permission for my child to be interviewed, photographed, or published publicly by Washington County School District ("District") and/or the schools within the District as outlined in the terms above.

OPTION 2: DECLINE **(Opt-Out)**

☐ I DO NOT grant permission for my child to be interviewed, photographed, or published publicly on social media, public websites, or news stories by the Washington County School District.Note: This prevents public/promotional exposure, but does not restrict internal, closed-classroom educational use.

Parent/Guardian Signature: _____Date: _____
(Required)