

MEDIA RELEASE FORM



Photograph and Video Release Form for Washington County School District Students

I hereby grant permission for my child to be interviewed, photographed or published publicly. 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 a 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

By signing this release I understand this permission signifies the photographic or video recordings of my child may be used electronically in the public educational setting. There is no time limit on the validity of this release nor is there any geographical limitation on where these materials may be distributed.

STUDENT NAME PRINTED: _____

PARENT NAME PRINTED: _____

PARENT SIGNATURE: _____

DATE: _____