MEDIA RELEASE FORM
FOR PHOTOGRAPHS, VIDEOS, AND OTHER RECORDINGS

PLEASE INITIAL THE APPROPRIATE BOX AND SIGN BELOW.

☐ FULL CONSENT: I GIVE consent for my child, _____, to be photographed, videotaped, recorded by any means, and interviewed, singly or in a group, by the **Etiwanda School District, the District's agents, the news media, and any other organization or association connected with the Etiwanda School District**.

I consent to the use of my child's name, photograph, video/audio or other recordings, school work, and interview comments, for the educational and promotional purposes of the Etiwanda School District. I understand this consent includes but is not limited to use of such materials in press releases, newsletters, brochures, web sites, social media, computer software, slide shows, and audio/video presentations. I understand that a likeness of my child may be reproduced or created digitally or transformed into an electronic format to which the general public may have access, and the District/School is unable to exercise control over the persons who may view and copy ("download") my child's likeness and the uses to which such persons may put such information.

☐ LIMITED CONSENT: I GIVE CONSENT for my child, _____, to be photographed, videotaped, recorded by any means, and interviewed, singly or in a group, by the **Etiwanda School District ONLY**. I consent to the use of my child's name, photograph, video/audio or other recordings, school work, and interview comments, for the educational and promotional purposes of the Etiwanda School District. I understand this consent includes but is not limited to use of such materials in newsletters, brochures, District/School web sites, District/School social media, slide shows, and audio/video presentations and other materials shared with parents, e.g., class pictures, panoramic pictures, or "memory" DVDs sent home to all parents. **My consent does NOT extend to the other uses described in the "FULL CONSENT" paragraphs above.**

IF I GIVE FULL OR LIMITED CONSENT, I understand that photographs or recordings may be taken at any time during the school year while my child is enrolled and may be taken in the classroom or during any school-related activity. I may inspect or view these materials upon request while they are in the possession of the Etiwanda School District. I further agree that neither my child nor I shall have any right, title, or interest in the photographs, recordings, or other materials that may include my child's name or likeness which are created by the news media, the Etiwanda School District, the District's agents, or any organization or association connected with the Etiwanda School District. I, on behalf of myself, my child, our heirs, executors, and assigns agree to release and hold harmless the District, its officers, employees, and agents for any and all liabilities, including but not limited to, personal injuries arising out of the creation or use of my child's likeness in such materials.

I understand that my consent and signature on this release are NOT a condition of enrolling my child in any program operated by the Etiwanda School District.

☐ NO CONSENT: I **DO NOT** GIVE consent for my child,_____, to be photographed, videotaped, or recorded by any means, singly or in a group, by the news media, the Etiwanda School District, the District's agents, and any other organization or association connected with the Etiwanda School District, e.g., class pictures, 5th or 8th grade panoramic pictures, or "memory" DVDs sent home to all parents. I understand my child's picture will be taken for the yearbook and office use. I understand that my child has the right to speak to the news media without my permission.

Print Parent/Guardian Name	√ **Signature** of Parent/Guardian	Date
Print Student Name	√ **Signature** of Student (all grades)	Date
School Name	Teacher Name	Grade