

Photo/Video Consent Release Form

Event name: _____

Location: _____

Date: _____

Student name: _____

I, _____, parent/guardian of the above-named student,

grant Seattle Public Schools (SPS) and _____ (media organization/s) permission to photograph, record video and capture audio of my student during the event detailed above. I authorize the use and reproduction of my student's image and/or recordings for educational, promotional, news media, and social media purposes, without compensation to me or my child.

I understand that this material may be used in diverse educational, promotional, news media, and social media settings within an unrestricted geographic area. I also understand that the images and/or recordings may be edited, copied, exhibited, published, or distributed, and I waive the right to control the finished product.

I hereby release any and all claims against SPS and its agents, and the above-named media organization, which relate to any use of my student's photographs and/or recordings as specified above. By signing this form, I acknowledge that I have completely read and fully understand the above consent and release and agree to be bound thereby.

Signature of parent/legal guardian

Date