

**(INSERT INSTITUTION NAME) Release Form for Media Recording**

I, the undersigned, do hereby consent and agree that [Photographer's Name], its employees, or agents have the right to take photographs, videotape, or digital recordings of my child/children/ward (please delete as appropriate) beginning on [START DATE], and ending on [END DATE] and to use these in any and all media, now or hereafter known, and exclusively for the purpose of any marketing activity. I further consent that my child's/children's/ward's name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to [Photographer's Name], its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my child/children/ward's (please delete as appropriate) identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording my child/children/ward (please delete as appropriate), either for initial or subsequent transmission or playback.

I also understand that [Photographer's Name] is not responsible for any expense or liability incurred as a result of my child's/wards (please delete as appropriate) participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

\_\_\_\_\_  
Name(s) of child/children/ward

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date