



MEDIA RELEASE FORM

ANCHORAGE SCHOOL DISTRICT

We need student and parent permission to use a person's photograph, voice, and /or name in various media projects. Please read the following, then date and sign where indicated. Thank you.

Yes—I consent

I grant permission for my child to participate and appear in video or audio recordings, films, photographs, written articles, on websites and social media sites. This consent includes the use and editing of my child's image, voice, and name in media projects by the Anchorage School District to print, broadcast or internet media outlets, such as newspapers, radio, and television stations and news websites. In consideration for the opportunity for my child to participate, I release the Anchorage School District, including its employees and contractors, from all claims resulting from the use and editing of my child's image, voice, or name, and the use, sale, editing, and release to media outlets.

No—I don't consent.

I don't consent to ASD use of my child's photograph, voice, and/ or name in various media projects.

Date:	
Student Name:	
Student Signature:	
<i>Parent or legal guardian signature is required if the participant is under 18 years of age.</i>	
Parent or Legal Guardian Name:	
Parent or Legal Guardian Signature:	