

Student’s Name _____

School Name _____

Clayton County Public Schools Media Release Form

I grant permission to Clayton County Public Schools (CCPS), and to anyone properly authorized by the administration of CCPS, to interview, photograph, audio-record and/or videotape my student during regular school hours on school grounds and/or at student activities.

This grant of permission means that, in addition to other appropriate uses (which include, but are not limited to, inclusion in or on CCPS publications, promotional materials, advertisements, presentations, programs, and Internet sites), information obtained from the student and the student’s likeness and name may be used in conjunction with or by any medium, including print, electronic, radio, and television.

I understand that my child will be under the supervision of a school staff member during the interview/photo session. My child reserves the right to refuse to answer any question that makes him/her uncomfortable or that could potentially put him/her or our family in an embarrassing light. My child and/or the supervising school staff member reserves the right to terminate any interview, photo or videotaping session at any time when said activities may cause embarrassment or make any individual uncomfortable.

I further realize that my child's instructional time will not be unduly disrupted for the purpose of interviews, photographs, or videotaping.

By signing this Release, I waive any cause of action I may have, or that the student may have, against the School District pertaining to the reproduction, publication, and/or use of information obtained from the student and/or the student’s name or likeness. I acknowledge that I may revoke this Release at any time during the school year by mailing or delivering a written notice of revocation to my student’s principal.

Parent’s signature _____ Date _____

Student’s signature _____ Date _____

Principal’s signature _____ Date _____