

Photo/Video Release Form

(Please print clearly, complete entire form,
and return to school as soon as possible)

I hereby grant the Patrick Henry School of Science and Arts ("PHSSA") the absolute and irrevocable right and unrestricted permission to use, reuse, publish, and republish photographic portraits, pictures or video {collectively "Photographs") taken of my son/daughter, in whole or in part, individually or in any and all media and for any purpose whatsoever, including internal or external school publications, for media illustration, promotion, art, editorial, and advertising.

Further, I hereby release and discharge PHSSA from any and all claims and demands arising out of or in connection with the use of the Photographs, including without limitation, any and all claims for libel or violation of any right of publicity or privacy. I hereby waive any right that I may have to inspect or approve the finished product or products and the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

This release shall be binding upon me and my heirs, legal representatives, and assigns. This authorization and release shall inure to the benefit of the employees, legal representatives, licensees, agent, and assigns of PHSSA. I have read the foregoing and fully understand the contents thereof.

As parent or legal guardian of the below minor (if applicable), I **AGREE** to the foregoing and affix my signature below.

Parent/Guardian Name (Printed)

Date

Student Name

Parent/Guardian Signature

As parent or legal guardian of the below minor (if applicable), I **DISAGREE** to the foregoing and affix my signature below.

Parent/Guardian Name (Printed)

Date

Student Name

Parent/Guardian Signature