



Salida Union School District

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ADULT MEDIA RELEASE

My signature below attests that I, _____, have read this release and understand and agree to the following:

1. I permit recordings of my voice and likeness to be made in connection with any media project affiliated with my child's school.
2. I authorize my child's school and its Associated Student Body, the proprietors of the various school media projects, in perpetuity, to process, store, reproduce, distribute, and display recordings of my voice and likeness made in connection with these projects, in whatever ways, forms, and media, and by whatever methods and technologies they may choose.
3. I have the right to view such media upon request.
4. I waive, in perpetuity, the rights to any and all compensation for these recordings, other than such rights as may be set forth in other written agreements between myself and the proprietors of these projects.

Performer's signature

Witness's Signature

Performer's printed name

Witness's printed name

Date

Date