



Salida Union School District

4801 Sisk Road • Salida, CA 95368

Phone: 209-545-0339 • Fax: 209-545-2682

STUDENT MEDIA RELEASE

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

1. I permit recordings of my charge's (student's) 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 charge's (student's) 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 for my charge (student), 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 for my charge (student) and the proprietors of these projects.

Parent/Guardian signature

Student Signature

Parent/Guardian printed name

Student printed name

Date

Date