



Thompson Schools Television
Channel 14
2890 North Monroe Avenue
Loveland, CO 80538
970-613-5134 FAX 970-613-5184

Student Talent Release of Liability and Consent Under 18 years of age

We/I, the undersigned, as parents/guardians of _____,
(the "student") hereby grant permission and consent to **Thompson School District R2-J**, ("School District") to photograph, film and/or videotape the student in the classroom or other settings for educational, informational and instructive purposes and to edit, portray, and exhibit the photograph, film/videotape produced thereby in part or in whole, for cablecast and/or broadcast or other public viewing. We/I, the undersigned, hereby waive any and all causes of action of every kind and nature including any claim for breach of confidentiality, privacy, or otherwise arising out of or occasioned by the activities consented to hereby.

The consent and permission hereby granted may be withdrawn if written notice is delivered to the Thompson School District Video Manager, 2890 North Monroe Ave., Loveland, CO 80538 within ten days of filming or videotaping.

Dated this _____ day of _____ 20____

Signature of Parent/Guardian

Signature of Parent/Guardian

YES

NO