

Salinas City Elementary School District
Video, Photographic, or Web Page Release
Student Release

School _____

Information Technology Department 840 South Main St. Salinas, CA 93901 (831) 784-2200 Phone (831) 770-1936 Fax scesdtechsupport@salinascity.k12.ca.us

Dear Parents and/or Guardians:

We would like permission to use your child's name/or picture. Names that appear on the web, in videos, or in print will not include more than *first name* and *last initial only* to protect the privacy of the child. If you have any questions please contact your child's school.

Please fill out the Student Permission Form below.

I, _____ do hereby agree to recording, photographing, and/or taping me for inclusion in the following:

- To post electronically on the school's or the school district's web site
- For use in a school or school-district related video
- For use in a video of instructional practices or techniques intended for the training or educational development of the staff of the Salinas City Elementary School District.
- For use in school or district publications (print and non-print media)
- Any official school, school district or staff related purpose

I agree and hereby release the right to use and to license the Salinas City Elementary School District to use my name, photo, likeness, video, footage, etc. and agree to hold the same harmless from any and all claims for damages for libel, slander, invasion of the right of privacy, or any other claim based on the use of said material or cause by or arising from my participation in a product/ publication and any utterance made by me or material furnished by me in connection with my participation therein. I also understand that the Salinas City Elementary School District's display of photographs and/or images of me on the Internet and/or other displays and/or in the news media will allow the videos or photographs to be viewed by the general public.

By signing the form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby.

Student Signature: _____ Grade: ____ Teacher: _____

All student releases require the signature of that student's parent or legal guardian.

Parent Name (Please Print) _____ Date: _____

Signature _____ Phone #: _____

For school use only. SCESD Employee completing this form:

Name (Print) _____ Title: _____

Signature _____ Date: _____

The school site shall keep a copy of this form on file.