



BERRIEN
RESA

PHOTO RELEASE FORM

Check this box if you **DO NOT give permission** for your student's photo/image to be used. Please complete the Guardian's name and Minor's name sections as well as sign and date the form.

RELEASE FOR A MINOR

I, _____, give Berrien RESA and its affiliated programs permission to record the image and/or voice of the minor named below and grant Berrien RESA all rights to use these sound, still or moving images in any medium for educational, promotional, advertising or other purposes that support the mission of the District. I agree that all rights to the sound, still or moving images belong to Berrien RESA.

Date: _____

Guardian's Name: _____

Minor's Name: _____

Parent/Guardian's Signature: _____

Address : _____

Phone: _____

Email: _____

RELEASE FOR AN ADULT

I, _____, give Berrien RESA and its affiliated programs permission to record the image and/or voice of the minor named below and grant Berrien RESA all rights to use these sound, still or moving images in any medium for educational, promotional, advertising or other purposes that support the mission of the District. I agree that all rights to the sound, still or moving images belong to Berrien RESA.

Date: _____

Signature: _____

Address : _____

Phone: _____

Email: _____