

# Folsom Cordova Unified School District

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## THIRD PARTY PHOTO/VIDEO/AUDIO RECORDINGS RELEASE FORM

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Date: \_\_\_\_\_ School: \_\_\_\_\_

I understand that my student will be taking part in an event where \_ **[third party organization]** may be taking photographs, video footage, and/or audio recordings of students, including my own student. I hereby grant permission to copyright, use, publish, display, produce, duplicate, and/or distribute any photographic, video, or sound recording reproductions, portraits, or pictures of my child taken as part of the event described below.

I hereby release, discharge and agree to hold harmless the CA Department of Technology and the Folsom Cordova Unified School District, its members, successors and those acting under its permission, and on its authority from any liability to the extent permitted by law, for the preparation, processing or distribution of the production. I understand that the school named above and Folsom Cordova Unified School District will not maintain possession or control access or use of any materials created.

I, the parent and/or legal guardian of \_\_\_\_\_, do consent and grant my permission to all of the above.

\_\_\_\_\_  
Parent/Guardian name (please print)

\_\_\_\_\_  
Signature of parent and/or guardian

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Telephone (with area code)

### **Event/Activity Description:**

CTE Summer Preceptorship Program

*This form will be kept on file at the school of the above-named student.*