Public Relations Department

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Media Release Form

Date: _____

To: Farmington Municipal Schools

I hereby grant to you permission and consent to photograph, (by video photography or still photography and with or without sound track) my image and voice for use in the following manner:

_____

_____

and to use such images and recorded sounds in the exhibition, advertising use, and publicizing thereof as you, your assigns, successors, and licensees may elect. I affirm that I am more than 18 years of age.

_____
Name (Print) Signature

_____
Address

_____
City/State/Zip

GUARDIAN'S CONSENT: I am the parent or guardian of the above named minor and hereby approve the foregoing use subject to the foregoing terms and conditions.

_____
Name (Print) Signature

_____
Address

_____
City/State/Zip