

PHOTOGRAPHIC AND OTHER MEDIUM CONSENT AND WAIVER
(Student to Student)

**THIS AFFECTS YOUR LEGAL RIGHTS.
PLEASE READ CAREFULLY BEFORE SIGNING BELOW**

NOTE: If I am under eighteen (18) years of age, I understand that I am not permitted to execute this Consent and waiver without approval of my parent or legal guardian, who must execute this Release on my behalf.

I, _____ (“person filmed”), hereby grant to _____
 (“person filming”), the absolute right and permission to:

- a. Record my participation and appearance on videotape, audiotape, film, photograph or any other medium.
- b. Use my name, likeness, voice and biographical material in connection with these recordings.
- c. Exhibit or distribute such recording in whole or in part without restrictions or limitation for any legal purpose.

I further grant to the person filming the right to copyright such pictures and images in its own name or to publish, to market and to assign such pictures and images without further consideration, compensation or report to me.

I hereby waive any rights or interests that I might have in the pictures and images, including any rights to inspect and/or approve the finished photographs and images or the use of which the pictures and images may be applied so long as such use is lawful.

I HAVE READ THE FOREGOING RELEASE AND ASSIGNMENT BEFORE SIGNING BELOW. I WARRANT THAT I AM 18 YEARS OF AGE OR OLDER AND FULLY UNDERSTAND THE CONTENTS OF THIS RELEASE.

Print name: _____ Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

PARENT/GUARDIAN OF A MINOR

I HEREBY CERTIFY that I am the parent and/or guardian of _____, a minor under the age of 18 years, and in consideration of value received, the receipt of which is hereby acknowledged, I hereby consent that any photographs which have been or about to be taken by the photographer may be used by same for the purposes as set forth above, signed by the minor, with the same force in effect as if executed by me.

Print name: _____ Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____