



Twin Peaks Middle School Photo/Audio/Video Release Form

I hereby give permission, as the parent/legal guardian of the participating student named below, to Twin Peaks Middle School for the use and reproduction of video footage, photographs and/or voice recordings of this participating student. I understand that said images, audio, and video may be used for educational and promotional purposes in all conventional and electronic media, and any future media. I also authorize the use of any printed material in connection therewith.

Name of Child: _____ **Date:** _____
(Please Print)

Parent or Guardian's Signature: _____

Name: _____ **Phone:** _____
(Please Print)

Address: _____
Street Address

City, State, Zip