



Photograph/Video Release Form

Dear Parents/Guardians,

If you wish for your child to be included in any school activity photographs or videos, we ask that you sign the release form that follows. These images would be used for educational or publicity purposes for Warrensville Schools.

Photograph/Video Release Form

I hereby give the Warrensville Heights City School District the right to use any photographs and/or video footage of my child, his/her student work, and/or his/her full name in school-related publications, projects, web sites or videos, as well as, media sources, electronic news items and the community cable television educational access channel, I agree that the photographs and/or video footage shall become the exclusive property of the Warrensville Heights City School District, and I waive all rights thereto. I waive all rights to approve copy or voice over commentary that may be used in conjunction with the photographs and/or video footage and the uses to which they may be applied.

I release the Warrensville Heights City School District, its employees, directors, officers, administrators, and successors from any liabilities, claims, and causes of action, known or unknown, contingent or fixed, that may result from the use of photographs and/or video footage of my child, his/her student work, and/or his/her full name. I agree not to file any lawsuit or institute other legal action to assert a claim arising from any such use of photographs and/or video footage of my child, his/her student work, and/or his/her full name.

I agree to provide reasonable notice, in writing, to the Warrensville Heights City School District of my intent to revoke this Release.

Student Name (Please Print) _____

Grade Level: _____

Parent /Guardian Signature: _____

Date: _____