PHOTO & VIDEO RELEASE

In all Valley School District school or program activities, both on and off district premises, there may be opportunities for students to be interviewed, photographed or recorded in audio/video. Valley School District staff may use these images or recordings for educational, promotional, or historical purposes to represent and communicate learning activities, athletics or programs.

These images and recordings may be combined, edited, altered, copied, and/or disseminated to the public through newspapers, website, social media, and printed publications such as newsletters, brochures, and yearbooks, and any other manner typical in education practices.

CONSENT/AGREEMENT FOR:

________________________________________________________
Student name

By signing this release as the legal parent/guardian of the student, or as an adult student, identified above, I acknowledge I/they may be photographed or recorded in audio/video during school attendance and related activities. I give my consent to Valley School District and/or any persons acting on its behalf, to use, publish, display, reproduce and license any photographs, video or voice recording of my student/my likeness without compensation of any kind and without prior notification, both while the student attends Valley School District schools/programs and thereafter in perpetuity. I understand that these materials will become the property of Valley School District, which will own all rights to the images/photographs/video/audio recordings and all materials created therefrom.

I/my child release Valley School District, its officers, employees, agents and assigns from any and all claims that may arise out of or in connection with the use or distribution of the photographs or audio/video recordings. I acknowledge and agree that this release is irrevocable and binding on me/my child and heirs and assigns and will be governed by the laws of the State of Washington. I represent and warrant that I am at least 18 years of age and have the full legal capacity to execute this release.

Parent/Guardian Name (print): ________________________________

Adult Student Name (print): ______________________________________

Signature: ___________________________________________________ Date: __________________

OPT OUT

☐ I do not consent for Valley School District to use my child’s/my image, likeness or audio/video recording for educational, promotional, or historical purposes in any manner. I understand this option affects any and all uses of my child’s/my image or likeness, including but not limited to the school website, online media, newsletter, yearbook, and other publications.

Student Name (print): __________________________________________

Parent/Guardian Name (print): ______________________________________

Signature: ___________________________________________________ Date: __________________