

Student Name: _____ **School Name:** _____

Release and Waiver

In exchange for valuable consideration, the receipt of which is hereby acknowledged, I understand that by my signature below, I agree to the following:

- The Fort Worth Independent School District and/or its assigns, licensees or legal representatives (“FWISD”) may take photographs, pictures, videos and other recordings (“Recordings”) of my minor child, identified below, for any lawful purpose. Such Recordings, whether created in the past or future, may be, without further notice to me, reproduced, altered, copyrighted, broadcast, telecast, cablecast, published, used in trade or used in district materials (including the website) by FWISD. Without limitation, such use may be for sale and distribution to school employees, the public, other school districts and/or other persons or entities worldwide.
- I waive the right to inspect or approve any of the Recordings or any matter that may be used in conjunction with them now or in the future, whether known or unknown to me.
- I waive the right to any royalties or other compensation arising from or related to any use by FWISD of the Recordings.
- I shall hold harmless FWISD from any claims or causes of action directly or indirectly related to the creation or use of the Recordings for any lawful purpose.
- I hereby waive and release all monetary or other claims that might arise as a result of any lawful use of the Recordings.

I certify that I am 18 years of age or older and am competent to sign this release and waiver. I have read this release and waiver and am fully familiar with its contents. Further, I certify that I am the parent or legal guardian of the minor mentioned below and that I am authorized to execute this release and waiver on behalf of the below minor.

Or,

I **do not** give the district permission to release **Media Information**.

Printed Name of Parent/Guardian

Date

Address

Telephone #

Parent/Guardian Signature