

Media Release Form for RCS Battle of the Books

Title of Video _____

Videographer(s) _____

Production Date ___ / ___ / ___

- 1) I, the undersigned, hereby authorize _____
to photograph me, take motion pictures of me, take video footage of me, and/or make
electronic sound recordings of me (herein referred to as photographic or electronic
reproductions).
- 2) I authorize the use of any such photographic or electronic reproductions of me for the
purpose of public viewing among Rochester Community Schools staff, students, and
parents during the Battle of the Books Battle Night on May 4, 2018.
- 3) **Please Check ONE of the Following:**
 - a. **I agree to authorize any photographic or electronic reproductions of you in the
video listed above for the purpose of Battle of the Books Social Media pages
and the Battle of the Books YouTube channel.**
 - b. **I DO NOT AUTHORIZE any photographic or electronic reproductions of you in
the video listed above for the purpose of Battle of the Books Social Media
pages and the Battle of the Books YouTube channel.**

I understand that I may be identifiable from such photographic or electronic reproduction.

Agreed and accepted by:

Print Name _____

Title _____

Address _____

City, State, Zip _____

Phone _____

Signature & Date _____

IF UNDER 18, PARENTAL CONSENT:

I certify that I am the parent or guardian of the individual above,
_____, a minor under the age of eighteen years. I hereby
agree to assume legal responsibility for his/her authorizations referred to in this Media
Release Form for Battle of the Books.

Signature of Applicant's Parent/Guardian _____

Date _____