**WASHINGTON DRIVER EDUCATION CENTER 101**



**Video Release Form for Minors/Adults**

Washington Driver Education Center 101 (WADEC101) employs the use of internal video monitoring equipment throughout the school and in its BTW Instruction Cars as part of a multifaceted approach to protecting the safety and security of the students, instructors and property and promoting the highest educational standards. WADEC101 recognizes that it must balance the rights of privacy of students and staff with its duty to provide a safe learning environment. Video monitoring shall be used only to promote the safety, and teaching objectives of students, staff and property.

I hereby give permission, as the parent/legal guardian of the enrolled student named below, to the WADEC101 for the use of the video footage and voice recordings of the enrolled student. I understand that the use of the participant’s image and/or voice will be primarily for the purposes of training students and/or instructors by the WADEC101 Traffic Safety Education Programs. Student’s last names will not be used in an audio or video production without additional authorization from a parent/legal guardian.

This video footage may be used of the following purposes:

* Classroom presentations
* Traffic Safety Education instructor training
* Informational/Parent Night presentations

I will be consulted about the use of the video recording for any purpose other than listed above. There is no time-limit on the validity of the release.

***For Minors:***

Student Name (please print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Parent/Legal Guardian (please print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Parent/Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***For Adults 18 and Over:***

Student Name (please print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_