

MEDIA RELEASE FORM

BY NOT SIGNING AND SUBMITTING THIS DOCUMENT TO THE MAIN OFFICE, I HAVE INDICATED MY AGREEMENT WITH THE PARAGRAPHS BELOW.

Dear Parent/Guardian:

I, as parent or guardian, do hereby consent and agree that Hope Lutheran School and its authorized representatives have the right to take photographs and/or record video of me and/or my child(ren) and to use these for educational and promotional materials.

I do hereby release to Hope Lutheran School and its authorized representatives, all right to exhibit this work in print and electronic form publicly and privately and to market and sell copies. I waive any rights, claims, or interests I may have to control the use of my likeness in the photographs and agree that any uses described herein may be made without compensation or additional consideration of me.

I do hereby release and hold harmless Hope Lutheran School and its authorized representatives from any and all actions, claims, damages, costs, or expenses, brought by the student and/or parent/guardian which relate to or arise out of any use of these works as specified above.

____ I DO NOT allow Hope Lutheran School or its authorized agents to use my likeness or the likeness of my child(ren) in educational and promotional materials.

I realize that this agreement will remain in effect, unless otherwise changed in written form, until the end of the 2019-2020 School Year.

Student Name: _____ Age: _____
Student Name: _____ Age: _____
Student Name: _____ Age: _____

Parent/Guardian Name (Printed) Date

Parent Guardian Name (Signature)