

Audio/Video/Photo Waiver/Release Form

I hereby grant irreversibly the _____ and the STARTALK
(Name of summer school)

program's sponsors the right to use and reproduce any and all photographs, video clips, and/or audio clips taken of me in any form whatsoever for use in STARTALK's and school's newsletters, brochures, web sites, flyers, and in any other publications produced for the aforesaid school and all sponsors of the STARTALK program. And, my child can have their picture taken, but do not use or print his/her name. I waive the right to inspect or approve the finished version(s) of such images including written copy that may be created in connection therewith.

Consent is also granted for any use of my name in any part of those publications listed above.

I have read this document and am fully aware of the consent and implications, legal, and otherwise.

Please print the following:

Student signature

Name

By _____
Signature

Address

Date _____/_____/_____
(Month) (Date) (Year)

City, State, and Zip

Parent Email: _____

Student Email: _____

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases.

Signature of Parents or Guardian if under 18

Date _____/_____/_____
(Month) (Date) (Year)