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Digital Media Authorization Form

We need student and parent permission to use a student's photograph, voice, and/or name in various media projects. Please read the following, then date and sign where indicated. Thank you.

_____ **Yes – I consent.** I grant permission for my child to participate and appear in video or audio recordings, films, photographs, written articles, or on websites and social media sites. This consent includes the use and editing of my child's image, voice and name in media projects by the Washington Unified School District to print, broadcast or Internet media outlets, such as newspapers, radio and television stations and news websites. In consideration of the opportunity for my child to participate, I release the Washington Unified School District, including its employees and contractors, from all claims resulting from the use and editing of my child's image, voice or name, and the use, editing and release to media outlets.

_____ **No – I do not consent** to non-WUSD use of my child's photograph, voice and/or name in various media projects.

Your selection remains valid for all digital media (photograph, video, internet, social media) projects occurring during the school year in which this form is signed. You may change your selection at any time by completing a new form and submitting to your school's main office.

Date: _____

Student's Name (Print): _____

Parent or legal guardian (Print): _____

Parent or legal guardian (Signature): _____