



SVUSD MEDIA RELEASE

Throughout the school year, media opportunities exist both in the classroom and during extracurricular school events. Media opportunities can take the form of photo, audio, or video recordings. These opportunities may include, but are not limited to: yearbook candid, class pictures, theater productions covered by media organizations, award assemblies, and pictures posted on District and School websites.

Permission to use minor's image, name, and/or school.	Permission to use adult's image, name, organization name, and /or title
<p>I, _____ - _____, (Print Parent/Guardian's Full Name) am the parent or guardian of: _____, (Print Name of Minor Child)</p> <p>At SVUSD Virtual Academy _____, (Print Name of Child's School)</p>	<p>I, _____ - _____, (Print Full Name) am an adult 18 years or older. _____, (Print Title)</p> <p>_____, (Print School or Organization Name)</p>
<p>I hereby grant and assign the Saddleback Valley Unified School District ("SVUSD"), its member schools and organizations, employees, and representatives, the irrevocable and unrestricted right to use and publish for editorial, trade, advertising or any other purpose and in any manner and medium, including website and internet promotion, all photo, audio, and video recordings as indicated below:</p>	
<input type="checkbox"/> PHOTO/AUDIO/VIDEO <u>ONLY</u> of my child.	<input type="checkbox"/> PHOTO/AUDIO/VIDEO <u>ONLY</u> of myself.
<input checked="" type="checkbox"/> PHOTO/AUDIO/VIDEO <u>ONLY</u> of my child with SCHOOL NAME.	<input type="checkbox"/> PHOTO/AUDIO/VIDEO <u>ONLY</u> of myself with SCHOOL NAME or ORGANIZATION.
<input type="checkbox"/> PHOTO/AUDIO/VIDEO of my child with SCHOOL NAME and CHILD'S NAME.	<input type="checkbox"/> PHOTO/AUDIO/VIDEO of myself with my NAME, my ORGANIZATION, and/or my TITLE.

By signing below, I hereby release SVUSD, its member schools, organizations, employees, and representatives from any and all claims and liability relating to the use or publication of photo, audio, and video recordings.

Date: _____

Parent/Guardian/Adult
 Signature _____

Print Name: _____

Address, City,
 ZIP: _____