

# Photography and Video Release Form



Student Name _____	Student Grade _____
Student DOB _____	School Name _____
Student ID _____	

I do hereby give my consent to the Dallas Independent School District and its designees to photograph, audio record, and/or video record my child. I understand that any such photographs, audio recordings, and/or video recordings become the property of the Dallas Independent School District. I understand that the District may use and/or reproduce the photographs, likeness or the voice of my child for any internal or external educational, instructional, or promotional activities determined by the District in broadcast and electronic media formats now existing or in the future created. I further understand that external educational, instructional, or promotional activities may include the release of the photographs, audio recordings, and/or video recordings to newspapers, radio and television stations.

I also agree to allow my child's work and/or photograph to be published on the Dallas Independent School District internet, intranet and/or Dallas ISD publications.

I further understand that by signing this release, I waive any and all present or future compensation rights to the use of the above stated material(s).

By signature below, I release the Dallas Independent School District, its Board of Trustees, agents, employees or other representatives from any liabilities, known or unknown, arising out of the use of this material. I have read the Photography and Video Release Form and fully understand the terms and conditions outlined. I certify that I have full legal capacity to sign this Photography and Video Release Form on behalf of myself and my child.

- YES**, I do give permission to use my child's photo or likeness as described above.
- NO**, I do not give permission to use my child's photo or likeness as described above.

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date