

Galt Joint Union High School District
Image and Personal Information Authorization and Release Form
(for District Minor and Adult Students)

There are times when the *Galt Joint Union High School District's* ("District") employees, volunteers, or employees, members of the media, and/or employees or volunteers of other public agencies or private entities supporting the goals of public education may wish to photograph, videotape, audiotape, and/or interview ("Record") our students. Such requests often relate to District-sponsored events or activities (such as art or talent shows, music or drama productions, sports or recreational activities, academic team competitions, field trips, or in class/out-of-class instructional techniques or opportunities), as well as general student life. These requests may result in the inclusion of your student's image, likeness, voice, and/or name ("Identity") in District publications (websites, school newspapers, school yearbooks, play bills/programs, employee newsletters, sport scouting or training videotapes, and/or District training documents/training manuals), media publications (newspaper, radio or television reports on District-related events), or project or instructional materials developed by other public or private agencies that may be shared with both District and non-District related groups and individuals.

Some parents/guardians may not want their student to be Recorded or to have their Identity publicized. Consequently, absent your permission, the District will not use your student's Identity in its publications, and it will reasonably attempt to prevent the taking of any Recording of your student in situations under its direct control. The District cannot, however, always prevent the taking of Recordings in public areas or during events in which the media or general public is in attendance. The District therefore cannot guarantee that your student's Identity will not be published in some manner as a result of his/her attendance or participation in such events.

To allow the District to Record your student in circumstances under its direct supervision or control, and to allow your student's Identity to be made available for potential inclusion in District-sponsored or District-permitted publications, we must have your acknowledgment of the following provisions: (1) the District is the sole owner of Recordings by its employees, agents, volunteers or students – neither you nor the student have any right or interest in the Recordings, although you may request copies (at your own expense) of the Recordings, which the District will reasonably attempt to honor; (2) the District shall have the sole discretion to distribute or use the Recordings as it may deem just and proper; (3) there is absolutely no right to financial compensation for any use of your student's Identity in any District-sponsored or District-approved publication; and (4) to the fullest extent allowed by law, the District, its governing board, employees, volunteers, students, and agents are free from any and all potential liability that might arise in any manner from the Recording or use of your student's Identity (including any potential claim for invasion of privacy) by any District governing board member, employee, volunteer, student, or agent.

This authorization and release will remain in continuous effect until I deliver a written revocation, containing my signature and an express statement revoking this authorization and release, to the District office.

Date _____

On behalf of _____ (Student name), I certify that I am [over the age of 18]/[the duly authorized parent or legal guardian of the Student]. I have read the foregoing and I understand and agree with all of its terms and conditions. I hereby give my consent.

Adult Student or Parent/Guardian's Name (Please Print) _____

Adult Student or Parent/Guardian's Signature _____