

MT. PLEASANT SCHOOL DISTRICT
PARENT/GUARDIAN PUBLICITY AUTHORIZATION AND RELEASE

Dear Parent/Guardian,

The Mt. Pleasant School District requests your permission to reproduce through printed, audio, visual, or electronic means activities in which your child has participated in his/her school. Your authorization will enable us to specifically prepared materials to (1) train teachers, (2) create program materials and/or (3) increase public awareness and promote the Mt. Pleasant School District through the use of mass media, displays, brochures, websites, etc.

1. Name of Pupil (please print)

2. Pupil's Birthdate

_____/_____/_____

3. Name of Parent or Guardian (please print)

4. Parent/Guardian's Phone

_____/_____

a. I, as the Parent or Guardian of the above named Pupil, fully authorize and irrevocably grant the Mt. Pleasant School District and its authorized representatives the right to print, photograph, record, and edit as desired the biographical information, name, image, likeness and/or voice of the above named Pupil on audio video, film, slide, or any other electronic and printed formats, currently developed (known as "Recordings") for the purposes stated or related to the above.

b. I understand and agree that use of such Recordings will be without any compensation to the Pupil or the Pupil's Parent or Guardian.

c. I understand and agree that the Mt. Pleasant School District and its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings.

d. I understand and agree that the Mt. Pleasant School District and its authorized representatives shall have the unlimited right to use the Recordings for any purposes stated or related to the above and that neither I nor the Pupil have any right to review or approve the Recordings before they are used.

e. I hereby release, discharge and hold harmless the Mt. Pleasant School District and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney's fees, brought by or on behalf of the Pupil and/or the Parent or Guardian which relate to or arise out of any use of these Recordings as specified above.

My signature shows that I have read and understand the release and I agree to accept its provisions.

5. Signature of Parent or Guardian

6. Date Signed

_____/_____/_____

7. Address (Number, Street, Apartment Number)

City

State

Zip Code

Granting permission is voluntary. Please return completed form to school.
