

Personal Release

Livingston Public Schools

Participant Name					
Academic year					
School (circle one)	Washington	Winans	East Side	SGMS	PHS

In consideration of my child's appearance in school social media, I hereby authorize the school to record my child's name, image, likeness, voice and performance on film, tape or otherwise. I agree that the program may be edited as desired and used in whole or in part for any and all broadcasting, audio/visual, and/or exhibition purposes in any manner or media. I understand that release of information may take several forms, including a variety of electronic media (e.g. YouTube, Twitter, Facebook, etc).

Participant		Date	
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I represent that I am the parent and/or guardian of the above signed minor. I agree that we both shall be bound by this agreement.

Parent/guardian		Date	
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