

Atlanta Public Schools Student Media Release Form

130 Trinity Avenue, SW, Atlanta, GA 30303 • www.atlantapublicschools.us

I hereby **AGREE** ☐ / **DO NOT AGREE** ☐ to allow my child, _____, to be photographed, videotaped and/or voice recorded and for his/her name, image, likeness and voice to be used in APS-approved photographs, videos, publications, internet, news and social media and web pages for special projects or publicity.

I am aware that my child may be asked a variety of questions concerning school and school related activities and programs, and that the contents of the interview may be published or aired publicly. I understand that my child will be under the supervision of a school staff member during the interview or photo session. There may not be school staff supervision, however, if the photographs or video or voice recordings are part of a general background scene in which my child is not identified.

My child reserves the right to refuse to answer any questions or participate in any discussions that make him/her feel uncomfortable or embarrassed. Additionally, my child and/or the supervising school agent reserves the right to terminate the interview, photo or video session at any time for any reason.

I understand that neither APS, nor the news media, has any obligation to air or publish the image, photos, videotape and/or voice of my child. I also understand that neither I nor my child will receive any monetary compensation for the rights granted herein. And I understand that my child's appearance or the use of his/her voice in any publication, photo, internet or televised form does not confer any ownership rights on me or my child.

If by reason of my child's statements and actions in the interview, photos, images, videotape and/or voice recording, or the materials furnished to my child by anyone other than the APS for the same, there is any claim or litigation involving any charge by third parties of violation or infringement of their right, I agree to indemnify and hold harmless Atlanta Public Schools, its staff, the Atlanta Board of Education and its licensees, and assignees from liability, loss or expenses arising from such claim or litigation.

Signature of Teacher _____ Date _____

Signature of Parent/Guardian _____ Date _____

Parent/Guardian Email Address _____