

# Palm Beach Soil & Water Conservation District

## PHOTOGRAPH & VIDEO RELEASE FORM

TEAM NAME \_\_\_\_\_ SCHOOL NAME \_\_\_\_\_

For consideration which I acknowledge, I hereby give Palm Beach Soil & Water Conservation District (District) the right and permission to:

- A) Record my likeness and/or voice on a video, audio, photographic, digital, electronic or any other medium, and to edit such recordings at the District's discretion;
- B) Use my name in connection with the recordings; and
- C) Publish, reproduce, copyright, exhibit, display, distribute and otherwise use the recordings, or any portion thereof, in all forms and media including composite or modified representations for any lawful purpose that the District and those acting pursuant to their authority, deem appropriate, including advertising, trade and any commercial purpose.

I understand and agree that all such recordings, in whatever medium, shall remain the property of the District and that they may copyright material containing the recordings. I further understand and agree that no advertisement or other material need be submitted to me for any further approval. I waive any right to inspect or approve the manner in which the recordings are used or any printed matter that might be used in connection with the recordings.

I release the District and those acting pursuant to their authority from any and all claims or liability that may arise in connection with any such use of my likeness and/or voice or the exercise of the rights granted herein, including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity, copyright, or other personal or proprietary right.

I understand and agree that the District is under no obligation to make any use of the recordings or the rights granted herein.

I have read and fully understand the terms of this consent and release.

STUDENT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN APPROVAL (IF UNDER 18):

NAME (PRINTED) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_