



Photo Release Form

Purpose: Superintendent's Student Advisory Council

Location: Hillsborough County, FL

I grant to the Alliance for Public Schools the right to take photographs, video, and/or digital media, of my child

_____ in connection with the above-identified event.
I authorize Alliance for Public Schools, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Alliance for Public Schools may use such photographs, video, and digital media of my child with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Student Signature

(if 18 or older)

Parent Signature

(if under 18)

Parent Printed Name

Date