**Claiborne County Schools Student Media Release Form**

 I, as the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give Claiborne County Schools and its employees, representatives and authorized media organizations permission to photograph and record my child and his/her likeness for use in audio, video, social media, or other electronic, digital and printed media. I also give Claiborne County Schools permission to release photos or recordings of any type to news media outlets including, but not limited to, newspapers and television stations. I understand that neither Claiborne County Schools nor the news media has any obligation to use or be compensated for such rights. I am also aware that I will not receive monetary compensation for my child’s participation, and I waive any right to inspect or approve the final use of materials. I agree to release and hold harmless Claiborne County Schools, its staff, the Board of Education, and assignees from any liability or claims of damage, known or unknown, related to such use. Please note if you opt out of the media release form, your child’s photograph will still be included in the yearbook and classroom publications as part of directory information unless you notify the district otherwise. Additionally, if at any time you wish to withdraw your consent, you may contact Central Office at 423-626-3543; however, any prior photos or recordings of your child will remain part of the district’s archive.

**Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of child’s school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/legal guardian: (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/legal guardian: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**