



Media Release Form

I _____ *[student name]*, agree to grant DeKalb County School District and its assigns the right to use photo and/or video images and sound for use in news and/or educational programs in whole or in part for any currently known media or media to be developed.

I agree to release the DeKalb County School District from any and all claims, damages, liabilities and costs I now or might have regarding my appearance in association with news stories and/or educational programs.

I hereby release all rights that I, my heirs, or assigns might have now or in the future to all or part of the said production, including but not limited to, the publishing, printing, development, editing, and use in newspapers and other forms of print and digital media (including social media), broadcasting, cablecasting, webcasting, podcasting, video on demand, or any other public or private presentation or screening purposes by the DeKalb County School District or its assigns.

I knowingly and willing waive any and all rights or entitlements, including payments for my appearance or for the subsequent distribution of the products related to this program.

Student Signature

Date

Parent or Guardian Signature *[required if under 18]*

Date

DeKalb County School Representative

Date

*Watch DeKalb Schools TV (DSTV) at www.dekalbschoolsga.org/communications/dstv
"Like" us on [facebook.com/dekalbschoolsga](https://www.facebook.com/dekalbschoolsga)
Follow on Instagram, Twitter and YouTube @dekalbschools*