

Photograph and Publicity Release Form

I, _______, give my permission to Fayette County Public Schools (FCPS) to use my name, likeness, image, voice, interviews, written submissions, biographical information and/or appearance **and/or that of the minor named below ("Minor")** (of whom I am the parent or legal guardian) as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like and related materials (Materials) given to or displayed by FCPS. I agree that FCPS may use the Materials (or adapt or modify them in any way) for any purposes including, but not limited to illustrations, bulletins, exhibitions, contests, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet or social media sites. I acknowledge that I will not receive any compensation or other consideration for this use and hereby release FCPS and its agents, representatives and assigns from any and all claims which arise out of, or are in any way connected with, such use. I sign this consent and release, and waive rights of publicity or privacy or further consent, on behalf of myself, the Minor, our heirs, personal representatives, successors, assigns and family and agree that this consent and release may not be terminated under any circumstances.

I represent and warrant that I am over 18 years of age, am the parent and legal guardian of the Minor, I have the authority to sign this consent and release and understand this consent and release.

Print Name:	
Signature	Date
For a Minor:	
Print Minor's Name:	
Signature of Parent/Legal Guardian (If Minor under age 18)	Date
O 205 LaEquette Avenue	

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