

Student Media Consent and Release Form

Throughout the school year, Lexington County School District One may highlight students in its efforts to promote LCSDO activities and achievements. For instance, students may be featured in materials to train teachers and/or increase public awareness of our schools through newspapers, radio, television, internet, DVDs, displays, brochures, Facebook, Twitter, YouTube and other types of media.

As the parent or legal guardian of _____, I hereby give Lexington District One and its employees, representatives and authorized media organizations permission to print, photograph and record my child for use in audio, video, film or any other electronic, digital or printed media.

I understand that local reporters (newspaper, television, online newspaper, radio, etc.) occasionally visit our schools. I hereby give my permission for my son/daughter to be photographed or videotaped by representatives of the media, and for the photos and/or videotapes to be used on local television broadcasts or in area newspapers. I understand that any newspaper or television reporter will not interview my child without my consent.

I hereby agree to the use of my child's photograph, video and/or work on the district's or school's websites and social media as long as he or she is identified by first name only. I understand that I will be asked to give permission on a case-by-case basis if my child is to be identified by more than just first name on any website including social media.

I understand that neither Lexington District One nor its representatives will reproduce said photograph, interview or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child's participation.

I certify that I have read the Student Media Consent and Release Form, and that I fully understand its terms and conditions, and that I release Lexington County School District One, its Board of Trustees, employees and other representatives from any liabilities, known or unknown, arising out of the use of this material.

Please check ONLY ONE response.

YES, I give my permission.

NO, I do not give my permission.

Student's full name (printed): _____

School student attends: _____

Parent/Guardian's full name (printed): _____

Parent/Guardian's signature: _____

Student's signature (if 18 years of age): _____

Date signed: _____