



# Washington County School District

652 Third Street  
Chipley, FL. 32428  
850-638-6222

## Photo Release and Waiver

I hereby grant Washington County School District (WCSD) the absolute and irrevocable right and unrestricted permission to use, reuse, publish, and republish photographic portraits, pictures or video (collectively "Photographs") taken of my son/daughter, in whole or in part, individually or in any and all media and for any purpose whatsoever, including internal or external school publications, for media illustration, promotion, art, editorial, and advertising during the academic year. For example, WCSD may use:

- Photos of Student(s) taken at or by WCSD during school events and activities for school publications and the school website for promotional purposes.
- Photos of Student(s) taken at or by WCSD during school events and activities to be published in external publications such as newspapers and magazines both in print and online.

In addition, I understand and agree that the Student's or Students' schoolwork or artwork may be published on WCSD's website and in various print publications during the academic year. I further agree that such photos, artwork or schoolwork may identify my child by name and grade and as a WCSD student.

Further, I hereby release and discharge WCSD from any and all claims and demands arising out of or in connection with the use of the Photographs, including without limitation, any and all claims for libel or violation of any right of publicity or privacy. I hereby waive any right that I may have to inspect or approve the finished product or products and the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

This release shall be binding upon me and my heirs, legal representatives, and assigns. This authorization and release shall inure to the benefit of the employees, legal representatives, licensees, agent, and assigns of WCSD. I have read the foregoing and fully understand the contents thereof. As parent or legal guardian of Student(s), I agree to the foregoing and affix my signature below.

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**Student(s) Name**

**Date**

If the person signing is under 18 years of age, the release form should also be signed by a parent or guardian, as follows:

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**Parent or Guardian**

**Date**

I hereby certify and represent that I am the parent or guardian of the Talent/Presenter named above, and that I consent and agree to the foregoing release on behalf of the Talent/Presenter.

Mr. Joseph Taylor, Superintendent  
Washington County School District  
<http://wcsdschools.com>