



PHOTOGRAPH/MEDIA CONSENT AND RELEASE

Print Your Name: \_\_\_\_\_

I hereby consent and authorize an employee or agent of Seacrest Country Day School to take photographs or motion pictures of me; or to produce videotapes, audiotapes, closed circuit television programs, web casts, or other types of media productions that capture my name, voice, and/or image (any of the foregoing types of media are called the "Materials" in this Consent and Release form).

I authorize Seacrest Country Day School to copyright the Materials, and I authorize Seacrest Country Day School to use, reuse, copy, publish, display, exhibit, reproduce, license to a third party, and distribute the Materials in any educational or promotional materials or other forms of media, which may include, but are not limited to school publications, catalogs, articles, magazines, recruiting brochures, websites or other electronic forms of media, and to offer the Materials for use or distribution in other publications, electronic or otherwise, without notifying me.

I also agree that Seacrest Country Day School may identify me by name, course of study, and such other identifying information as class year, graduation date, hometown, etc.

I agree that I am participating on a voluntary basis and I will not receive any payment from Seacrest Country Day School for signing this release or as a result of any publication of the Materials.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**OR**

I authorize use of my photograph but I **do not wish to be identified by name** or other identifiers.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**OR**

I **DO NOT want my photograph taken or used** on any types of media Materials at all and give no consent or authorization to use my image or identifiers.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**AND**

**If individual is under 18:**

I am the parent or guardian of the person whose image appears in the Materials and I give my authorization and consent on his/her behalf.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_