



Anchorage School District

Media Release Form

Communications Department
5530 E. Northern Lights Blvd.
Anchorage, AK 99504-3135 (907) 742-4153

We need student and parent permission to use a person's photograph, voice, and/or name in various media projects. Please read the following, then date and sign where indicated. Thank you.

For and in consideration of the opportunity and privilege of appearing in or participating in one or more video or audio recordings, sound tracks, films, photographs, or written articles, I hereby consent to the use and editing thereof and release the Anchorage School District and its employees and assignees from any and all claims resulting from such use and editing in district media, and use, sale, editing and release to the newspapers, radio and television stations; and use on the Internet.

Event/Activity: _____

Dated: _____, 20____
(day, month)

(signature of person participating)

The above consent and release is hereby ratified and approved.

(parent or legal guardian)

Parent or legal guardian signature is required if the participant is under 19 years of age.