
Name of Student

Student Number

Homeroom Teacher

PERMISSION TO ALLOW STUDENT TO PARTICIPATE IN MEDIA RELATIONS OR INTERVIEWS

On occasion, the Clayton County Public Schools District (the District) may permit various media outlets to interview, record, or photograph District students. The District may also interview students for use by the District to highlight or promote District or school programs. A student may be asked by the media outlet or the District to provide some personal information, such as the student's full name, parents' names, or opinions on various topics. I understand that publication would result in the public release of such personally identifiable information. This publication may be by means and entities outside the control of District and is information that would otherwise be protected from District release by the Family Educational Rights and Privacy Act (FERPA). By signing below, I consent to the release of this personally identifiable information in connection with my student's participation in media relations or interviews. Once it is collected, this information can be publicly accessed by individuals on or off campus by way of newspapers, television, radio, websites, etc.

In signing below, I grant permission to the District and to anyone properly authorized by the District to interview, photograph, audio-record, and/or videotape my student during regular school hours on school grounds and/or at student activities during regular school hours and after regular school hours for these purposes. I understand and acknowledge that participation in media relations or interviews is voluntary and by its very nature may possess actual or potential risk of physical and emotional injury/illness, to my child or to any individual who participates. I am aware that there is no District insurance coverage for medical treatment for personal injuries, emotional distress, or property damage that may arise out of student participation or publications released in association therewith. I understand, acknowledge, and agree that the District shall not be liable for any injury, emotional, or physical, suffered by my child that arises out of and/or is associated with participating in media relations or interviews pursuant to this form.

I understand that the District makes efforts to ensure that the experience is positive, but the District may have limited control over what information is received and how it will be used. Students may certainly refuse to answer any question that makes the student uncomfortable or may refuse to participate at all. The student's instructional time will not be unduly disrupted for these purposes. School personnel are available to provide support to the student before, during, and after this process.

I hereby release, discharge, indemnify, and agree to hold harmless the Clayton County Public Schools District, Members of the Clayton County Public Schools Board of Education, its past, present, and future officers, attorneys, agents, employees, predecessors and successors in interest, and assigns, hereinafter "District releases" from any and all liability arising out of or in connection with my child's participation. For purpose of this release, liability means all claims, demands, losses, causes of action, suits, or judgments of any kind that my student or parents, guardians, heirs, executors, administrators, and assigns have or may have against the District releases because of student's personal, physical, or emotional injury, accident, illness or death, publicity, release of personally identifiable information, or because of any loss of or damage to property or reputation that occurs to the student or his or her property during his/her participation or as a result of its publication due to acts of passive or active negligence by District releases other than actions involving fraud or actual malice.

I acknowledge that I may revoke this Release at any time during the school year by mailing or delivering a written notice to my student's principal.

Name of Student (Please Print)

Signature of Student

Must appear if the student is 18 years of age or older

Date of Student Signature

Name of Parent/Guardian (Please Print)

Signature of Parent/Guardian

Date of Parent/Guardian Signature (s)