



Holt Public Schools Photo/Audio/Video Release Waiver

I authorize Holt Public Schools (HPS) to record my image and voice (or that of my minor child named below) and give HPS and all persons or entities acting pursuant to HPS's permission or authority, all rights to use the recorded images. I understand that said image will be used for educational, advertising and promotional purposes in all conventional and electronic media, and any future media. I also authorize the use of any printed material in connection therewith. I understand and agree that these images and recordings may be duplicated, distributed with or without charge and/or altered in any form or manner without future compensation or liability in perpetuity.

Name of Student: _____

Date: _____

Signature: _____

(Parent/Guardian must sign here if student is under 18 years old)