



RELEASE AGREEMENT

As the Parent or Legal Guardian of _____, I hereby
PRINT student's name
authorize the recording, video filming, and/or photographing of my child. Further, I agree to the use of my child's name, likeness and achievement(s) for educational and other bona fide related, non-profit purposes, including marketing and promoting the Duval County Public Schools and/or Douglas Anderson School of the Arts and consent to the display of such to any persons. I authorize the use of any such recording, video film, and/or photographs, and/or any other such information in all media in perpetuity and without claim to compensation. I agree to release and hold harmless Douglas Anderson School of the Arts and the Duval County Public Schools for the use of any such material.

Print Parent/Guardian Name

Signature of Parent/Guardian

Date