

## Student Media Project/ Video Release Form

I hereby give my permission, as the undersigned or parent / legal guardian of the participating student named below, for Fort Bend Independent School District to use a video, media project and/or on-camera interview for release to interested parties and or educationally related video hosting sites. I understand that the use of the participant's image and voice will be primarily for the purposes listed below, I hereby waive any right that I may have to inspect or approve the finished student product that may be used in connection herein.

The video, media project and/or interview may be used for the following purposes:

- Conference presentations
- Educational presentations
- Instructor Multi-Media Portfolio
- Informational presentations
- Posted on a supported educational website
- Used as part of a school promotional video

FBISD will credit any use of your/your student's work in the presentations listed above.

FBISD will provide that your/your student's work, in whole or in part, will not be used in a way which will change the original meaning of their work.

I understand and agree that I must comply with any and all applicable state and federal laws, including copyright laws and restrictions, as well as any applicable license agreements.

I assume responsibility for any actions on my part which may result in a claim against the FBISD or any other party related to resources which I use, **and I agree to indemnify and hold the Fort Bend Independent School District harmless from any such claim.**

There is no time-limit on the validity of this release nor is there any geographic specification of where these materials may be distributed.

I have been given a copy of this release for my records.

**Participating students 17 and under in age must have parental permission.**

Project Name: \_\_\_\_\_

Self / Parent / Legal Guardian (please print name) \_\_\_\_\_

Self / Parent / Legal Guardian Signature: \_\_\_\_\_

Student (please print name) \_\_\_\_\_

Student Age \_\_\_\_\_ Student Date of Birth \_\_\_\_\_

Student Signature \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Dated: \_\_\_\_\_

Teacher \_\_\_\_\_ School \_\_\_\_\_