

# Austin Independent School District



## Media Consent Form for Minors

Minor's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Minor's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Minor's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I hereby authorize Austin Independent School District and those acting pursuant to its authority, or with its permission, to interview and/or to have photographs, audio or audiovisual recordings made of the above named minor(s) ("Media Images").

I understand that these Media Images may be released to the public by the news media or by AISD in broadcast, print, or Internet media. I also understand that the Media Images may be used by the AISD for advertising and marketing purposes. These Media Images may be used in whole or part as long as this is in effect and AISD has not received notice that this consent has been revoked. I also understand that I am not required by AISD to authorize the above consent, and that authorization is not a condition of receiving educational programming or services.

I further understand that the name(s) of the minor(s) may be used in connection with these Media Images unless I have specifically restricted such use below.

(Outline any restrictions Here) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I release Austin Independent School District, the Board of Trustees, officers, agents and employees from any and all liability connected with capture or use of these Media Images.

I waive all rights, interest or claims for payment in connection with any exhibition or release of these Media Images. I understand that this consent is voluntary and can be revoked at any time. I give my consent in the interest of public information, and for furtherance of education and the research goals of this institution or for other lawful purposes.

I acknowledge that I have legal authority to sign this form on behalf of the minor(s) named above.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Relationship to minor

\_\_\_\_\_  
Printed name of parent or legal guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Printed name of witness

\_\_\_\_\_  
Date