



MEDIA RELEASE FORM

Authorization for Release of Audio, Photographs, Videotape or Film

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I further consent and authorize the above and others to release or circulate the same in any manner for any and all purposes in any form with or without my name or the name of my child. I understand the photos, videos, film and/or audio recordings may be viewed by the general public and that other uses may be made of them. I further agree and consent that CAST Schools, ECISD, and others are not responsible for any misappropriation of the photos, videos, film and /or audio recordings by any member of the general public or anyone else.

I have read the foregoing release, authorization and agreement before signing below and I warrant that I fully understand the contents thereof.

Name of Child:

Name of Parent or Guardian :

Parent email or phone number:

Signature:

Date: