

Education Service Center, Region 2

STANDARD RELEASE FORM- Minors

I, _____, parent/guardian of _____,

give permission for my child to be photographed, videotaped, and/or interviewed by representatives from and/or employees of the Education Service Center, Region 2 (ESC2) for educational or public relations purposes. I authorize the use and reproduction by the ESC2 or anyone authorized by the ESC2 of any and all photographs and/or videotapes taken of my child, without compensation to me/my child. I understand and consent that photographs and/or video images of me/my child may be electronically displayed via the Internet and/or other display methods by the ESC2. All these photographs/video recordings shall be the property, solely and completely, of the ESC2. I waive any right to inspect or approve the finished photographs/videotapes, and the sound track, script or printed matter that may be used in conjunction with them.

Signature of parent or guardian: _____

Date of Signature: _____

Address: _____