Atlanta Public Schools

STUDENT MEDIA RELEASE FORM

I hereby consent to my child's name, likeness, picture or voice to be used by the school system or the news media. I am aware that my child may be asked a variety of questions (under the supervision of an adult) and the contents of the interview may be published or aired for public view. I understand that my child will be under the supervision of a school staff member during the interview and/or photo session. Should there be questions that make my child feel uncomfortable or discussions that could cause embarrassment for my child, he/she reserves the right to refuse to answer the questions or participate in the discussions. Additionally, my child and/or the supervising school agent reserves the right to terminate the interview, photo or video session at any time when said activities cause embarrassment or make any party uncomfortable. I hereby hold harmless and waive all claims against the Atlanta Public Schools with respect to any liability for the use of my child's name, likeness, picture, and/or voice, and against any claim arising out of my child's acts or statements during the interview, photography session or program. Further, I release APS, its agents and employees from any claim which I may have or which I may assert in the future, arising out of APS' publications, and its use of the information given, and any photographs taken.

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Parent's Signature **Date**

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Child's Signature **Date**

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Principal's Signature **Date**

For more information, contact The Office of Marketing and Community Relations, 210 Pryor Street, S. W., Atlanta, Georgia 30303, 404/827-8180. (4/26/00)

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