TUSD Robotics
Student Photograph/Video/Web Site Release Form

I, _____, parent /guardian of

_____, give permission for my child to be photographed, videotaped, and/or interviewed as a part of the TUSD Robotics program or TUSD Robotics tournaments for educational and/or public relations purposes. I authorize the use and reproduction of my child's image, likeness and sound of their voice as recorded on audio or videotape without payment or any other consideration. I understand that my child's image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my child's image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

By signing this release I understand this permission signifies that photographic or video recordings of my child may be electronically displayed via the Internet or in the public educational setting. Common uses will include showcasing student work via websites or presentations in order to generate support, professional development, and/or online coursework. Live streaming will take place at tournaments via YouTube Live Streaming and will be displayed on the tusdrobotics.com website and photographs will be displayed on the tustin Public School Foundation's tpsf.smugmug.com website.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

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

This release applies to photographic, audio or video recordings collected as part of the TUSD Robotics Program.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

STUDENT INFORMATION (Please print)

_____

Last Name First Name MI

_____

Address City

_____

State Zip Code

_____

Signature Date

PARENT/GUARDIAN INFORMATION (Please print)

_____

Last Name First Name MI

_____

Relationship to Student

_____

Signature Date