

Jefferson County Schools

P. O. Box 190
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RELEASE/AUTHORIZATION TO PUBLISH

I hereby give Jefferson County Schools full, unrestricted rights to publish, distribute electronically and/or use any still or motion pictures, of me for use in editorial content, art, advertising, trade or any other lawful purpose. I understand my likeness may be used in advertising and/or promotions. I hereby release and hold harmless the above named, its successors, employees, agents, and assigns from any liability or claims of damage whatsoever in connection with said use of my likeness. I waive any right to inspect and approve final use of materials covered hereunder. I certify that I am 18 years of age, or if a minor, have included as signatory to this release my parent or legal guardian, whose name and signature appear below. I have read and understand this Release, and certify that the information provided is true and accurate.

BY: _____, A MINOR
(Signature of student)

PARENT AND LEGAL GUARDIAN:

(Print name of parent or legal guardian)

(Signature of parent or legal guardian)

DATE: _____