



**WILSON COUNTY SCHOOL
PUBLICATION WAIVER
RELEASE**

I / We grant Wilson County Schools permission to use for the expressed purpose of publication in print or on the school system's website a photograph or video image or any other representation of:

Student's Name: _____

I voluntarily relinquish all rights to the photograph or image or other representation. Further, I release Wilson County Schools, as well as other parties authorized by the school system to use the photograph, image or other representation, from any liability for such use.

Signature of parent / guardian

Date

_____ **Yes, I grant permission.**

_____ **No, I do not grant permission.**