



**Media Release Form**

Dear Parent or Guardian:

The Woodlands Christian Academy (TWCA) requests your permission to reproduce through printed, audio, visual or electronic means activities in which your child will/has participated in connection with TWCA.

Your authorization will enable us to use specially prepared materials to promote our school through the use of mass media, displays, brochures, websites, etc.

1. Name of student(s) \_\_\_\_\_

2. Birth date(s) \_\_\_\_\_

3. Name of parent/guardian \_\_\_\_\_

- a. I, as a parent or guardian of the above-named student, fully authorize and grant TWCA and its authorized representatives the right to print, photograph, record and edit as desired, the biographical information, name, image, likeness and/or voice of the above-named student in audio, video, film, slide or any other electronic and printed formats currently developed (known as “recordings”), for the purpose stated or related to the above.
- b. I understand and agree that use of such recordings will be without compensation to the student or student’s parent/guardian.
- c. I understand and agree that TWCA and/or its authorized representatives shall have the exclusive right, title and interest, including copyright, in the recordings.
- d. I understand and agree that TWCA and/or its authorized representatives shall have the unlimited right to use the recordings for any purposes stated or related to the above.
- e. I hereby release and hold harmless TWCA and/or its authorized representatives from any and all actions, claims, damages, costs or expenses, including attorney’s fees, brought by the student and/or parent or guardian which relate to or arise out of any use of these recordings as specified above.

My signature shows that I have read and understand the release and I agree to accept its provisions.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
***Please do not use my student(s) photograph in any publication or advertising materials.***

***Signature of parent/guardian*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

*Granting of permission is voluntary. Please return completed form to TWCA.*