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Media Release Form

I _____, agree to grant DeKalb County School District and its assigns the right to use photo and/or video images and sound for use as news and/or educational programs in whole or in part for any currently known media or media to be developed.

I agree to release the DeKalb County School District from any and all claims, damages, liabilities and costs I now or might have regarding my appearance in association with news stories and/or educational programs.

I hereby release all rights that I, my heirs, or assigns might have now or in the future to all or part of the said production, including but not limited to the publishing, printing, development, editing, and use in news papers and other forms of print media, broadcasting, cablecasting, webcasting, podcasting, video on demand, or any other public or private presentation or screening purposes by the DeKalb County School District or its assigns.

I knowingly and willingly waive any and all rights or entitlements, including payments for my appearance or for the subsequent distribution of the products related to this program.

Signature

Date

Parent or Guardian Signature (if you are a minor)

Date

DeKalb County School Representative

Date

Watch: [CH 24 on Comcast \(DeKalb\) or www.pds24.tv](#)