



**Student Release Form**  
**General Photography, Filming and Recording**  
**For School or District Use**

During the school year, students are occasionally photographed, filmed and/or recorded during school activities and field trips. Uses may include:

- Official district or school social media and websites
- Yearbooks and graduation lists
- Exhibited at school as part of curricular and extracurricular activities
- Published in internal/external newsletters, public relations materials and other district publications.
- Released to news and documentary organizations to recognize the positive work of the school and your students.

This release allows your child to be photographed, filmed or recorded while at school, school activities, field trips and school-sponsored camps.

\_\_\_\_\_ I **agree** for my child to be photographed, filmed or recorded by representatives of the Santa Monica-Malibu Unified School District (District), including teachers, staff, district officials, PTA representatives and the Santa Monica Education Foundation and Ed Foundation serving Malibu. I herein grant the District and approved assignees the right to use my child's photograph, voice and video, for use in all manner of media as described above. I understand that the District or assignee is the sole owner of all right, title and interest, under copyright, in and to all recordings. The district and designees will only use photos, films and recordings that reflect favorably on the children and never in a negative situation.

This release extends to the use of recordings for internal district use, external communication and district approved news/documentary programming. I agree that I am entitled to no additional consideration as a result of the rights granted herein. This release does not extend to projects where the subject would usually receive compensation for participation. Any use of the recordings in any manner other than those approved by the District is strictly prohibited and restricted.

\_\_\_\_\_ I **do not agree** for my for my child to be photographed, filmed or recorded by representatives of the Santa Monica-Malibu Unified School District (District) or other district organizations.

*If we do not receive a completed form, your student will be opted in.*

\_\_\_\_\_  
Student's Name (PLEASE PRINT CLEARLY)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Name (PLEASE PRINT CLEARLY)

School of attendance: \_\_\_\_\_