

Providence Schools

MEDIA WAIVER

I grant to the Providence Public School District, its representatives and employees the right to take photographs/videos of me and authorize the district, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that the Providence Public School District may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Today's Date _____

First and Last Name (please print): _____

Signature _____

Address _____

Student Signature: _____

Signature of parent or guardian (if subject is a minor): _____