



Monroe County Intermediate School District
1101 S. Raisinville Road
Monroe, MI 48161
www.monroecisd.us
734.322.2600

Authorization to Photograph, Videotape, Audiotape

The student (if 18 or older) or student's parent or guardian hereby authorizes and/or otherwise consents to the student being the subject of photographs, videotapes or audiotapes, or combinations thereof, that are taken, shot or recorded at school or school-related activities or such other location as determined by the **Monroe County Intermediate School District (MCISD)**. Such productions will be used for non-commercial, educational, exhibition, promotion or other uses by MCISD.

MCISD, and/or any of its employees or agents, is specifically given the right and permission to cause the student's likeness or voice or both to be recorded and exhibited as still photographs, transparencies, motion pictures, television, video (videotape recordings) or other similar media, including Internet applications.

MCISD, and/or any of its employees or agents, is specifically given the right and permission to distribute, copyright and/or use, reuse and/or broadcast, rebroadcast, publish and republish still photographs, transparencies, motion pictures, television, video (videotape recordings) or other similar media, including Internet applications.

The Student or student's parent/guardian waives the right to inspect or approve the finished still photograph, transparencies, motion pictures, television, video (videotape recordings) or other similar media including any sound track associated therewith, or advertising copy or printed matter that may be used in conjunction therewith or the eventual use that may be made of such still photograph, transparencies, motion pictures, television, video (videotape recordings) or other similar media, including Internet applications.

The Student or student's parent/guardian specifically authorizes the reproduction, exhibition, broadcast and/or distribution of this material without limitation. By signing, student/parent does this with full knowledge and consent and waives all claims for compensation for use, or for damages.

_____ Yes, I give consent for MCISD to photograph/record my child for school purposes and/or at school events.

_____ No, I do not authorize MCISD to photograph/record my child for any school event/purpose

Student's Signature (if 18 or older)

Date

Parent/Guardian Signature

Date

PLEASE PRINT CLEARLY:

Student's Name: _____

School: _____

Subject or Occasion: **Monroe County Spelling Bee**