



Virtual Academy of Lafourche

639 Harrison Street * Thibodaux, Louisiana 70301
Phone: 985-446-2877 Fax: 985-446-2993
Website: www.valcharter.org

Michael Rieth
Board President

Edmond J. Adams, Jr.
Director

Photography and Video Release Form

Student's Name	Student's Date of Birth	Student's Grade
----------------	-------------------------	-----------------

School Site

☐ Bayou Blue ☐ Central ☐ St Mary Elementary ☐ St Mary Middle ☐ St Mary High ☐ South ☐ Virtual Only

I do hereby give my consent to Virtual Academy of Lafourche and its designees to photograph, audio record and/or video record my child. I understand that any such photographs, audio recordings and/or video records become property of the Virtual Academy of Lafourche.

I understand that VAL may use and/or reproduce the photographs, likeness or the voice of my child for any internal or external educational, instructional, or promotional activities determined by VAL in broadcast and electronic media formats now existing or in the future created. I further understand that external educational, instructional, or promotional activities may include the release of the photographs, audio recordings and/or video recordings to newspapers, radio and television stations.

I also agree to allow my child's work and/or photograph to be published on the VAL internet, website, intranet, social media and/or VAL publications.

I further understand that by signing this release, I waive any and all present or future compensation rights to the use of the above stated material(s).

By signature below, I release Virtual Academy of Lafourche, its Board, agents, employees or other representatives from any liabilities, known or unknown, arising out of the use of this material. I have read the Photography and Video Release Form and fully understand the terms and conditions outlined. I certify that I have full legal capacity to sign this Photography and Video Release Form on behalf of myself and my child.

☐ **YES**, I give permission to use my child's photo or likeness as described above.

☐ **NO**, I do not give permission to use my child's photo or likeness as described above.

_____ Student's Name (Print)	_____ Student's Signature	_____ Date
_____ Parent/Guardian's Name (Print)	_____ Parent/Guardian's Signature	_____ Date