



Virtual Academy of Lafourche

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Shelba Harlan
Board President

Edmond J. Adams, Jr.
Director

Photography and Video Release Form

Student Name	Student Date of Birth
School Site <input type="checkbox"/> Bayou Blue <input type="checkbox"/> Central <input type="checkbox"/> St Mary Elementary <input type="checkbox"/> St Mary Middle/High <input type="checkbox"/> South <input type="checkbox"/> Virtual Only	Student Grade

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 signing 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 do 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 Name (Print)	_____ Student Signature	_____ Date
_____ Parent/Guardian Name (Print)	_____ Parent/Guardian Signature	_____ Date