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## Parent/Guardian Media Consent and Release Form

The Virtual Learning Academy Charter School (VLACS) is proud to share news of our students' activities and achievements. Sometimes this news includes photos of parents/guardians and the captions that include the names of the parents/guardians in the photo. A VLACS representative may also contact parents/guardians to request that they participate in interviews about their child's experiences as a VLACS student. Interviews, photos, or videos may be used in newspaper articles, newsletters, video presentations, social media and on the school website. They may also be included in advertisements and promotional efforts.

I hereby give VLACS and its employees, representatives, and authorized media organizations permission to print, photograph, and record my likeness for use in audio, video, film, or any other electronic, digital and printed media for the purposes and uses described above. I acknowledge receipt of good and valuable consideration in exchange for this release, which may simply be the opportunity to represent VLACS in the materials as described above.

- a. This permission is given with the understanding that neither VLACS nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness outside of the purposes and uses described above. I am also fully aware that I will not receive monetary compensation for my participation and waive all rights I may have to any claims or demands for payment or royalties in connection with the use of any such materials. I understand that VLACS is the sole copyright owner of the materials described in this release and hereby waive any approval of use.
- **b.** I further release and relieve VLACS, its Board of Trustees, employees, and other agents and representatives from any liabilities, known or unknown, and waive any and all future legal claims arising out of the use of this material.

## I certify that I have read, fully understand, and agree to the terms and conditions of this Media Consent and Release Form.

Name of student(s)	
Parent/Guardian Name	
Signature of Parent/Guardian	
Date	Phone
Address	
City/Town	State

Equal opportunity educational provider and employer