

**District of Columbia Public Schools
Media Consent and Release**

Date: _____

DCPS School: _____

Name of Project: _____

I, _____ hereby irrevocably grant to District of Columbia Public Schools (DCPS) and the District of Columbia , their successors, and assignees the right to record the my image and/or voice on videotape, photographs, digital media and any other form of electronic medium, and to edit such recording at their discretion. I understand that my full name, address and biographical information will not be made public, but that my image and /or voice may be used on the internet, in brochures, and in any other public medium, and I hereby consent to such use.

I hereby release DCPS and anyone using my image and /or voice from any and all claims, damages, liabilities, costs and expenses which I now have or may hereafter have by reason of any use thereof.

I understand that the provisions of this release are legally binding.

Name: _____

Signature: _____

Address: _____

Phone Number: _____

I hereby affirm that I am at least eighteen (18) years old
