



Lake Washington Schools Foundation

Invest in students. Invest in our future.

PHOTO/VIDEO RELEASE FORM

Images enable the Lake Washington Schools Foundation to share its story with the community. This release permits usage of you and/or your child's image(s) in publications and materials that may include social media, printed and/or electronic communications to donors and external funders, and press releases. Students are not identified by name in materials and/or publications.

I hereby authorize LAKE WASHINGTON SCHOOLS FOUNDATION (LWSF) and those acting pursuant to its authority to: (i) record my likeness and/or voice on a video, audio, photographic, digital, electronic, or any other medium; (ii) use my name and biographical material in connection with such recordings; and (iii) use, reproduce, exhibit, and/or distribute my name, biographical material, and such recordings in any medium (e.g., print publications, video, internet, etc.) for promotional, advertising, educational, and/or other lawful purposes. I release and waive any claims or rights of compensation or ownership regarding such uses and understand that all such recordings shall remain the property of LWSF.

I certify that: I am **18 years of age or older**, and further
 authorize LWSF to use my name
 do not authorize LWSF to use my name

I am **under 18 years of age and acknowledge that LWSF will not use my name**

Name of Participant(s): _____
(please print)

School(s): _____

Participant Signature: _____
(if over 18 years of age)

Parent/Guardian Signature: _____
(if under 18 years of age)

Date: _____

Phone Number: _____

Email address: _____

FOR LWSF USE ONLY

EVENT:
DATE:
LOCATION:
PHOTOGRAPHER:
COLLECTED BY: