

Scottsboro City Schools

Technology Department
906 South Scott Street
Scottsboro, AL 35768

INSTRUCTIONS - Use of Photographs and/or Academic Works

A signed release is required for any photograph and or academic work used on the **Scottsboro City Schools** World Wide Web site. The unit utilizing the photo/academic work is responsible for keeping the completed release on file.

Release Form - Please select the appropriate release by placing a check (☐) in box adjacent to the applicable statement.

I hereby authorize the **Scottsboro City Schools** or its representatives, to photograph, digitize, or otherwise preserve in permanent form my likeness and/or image as well as any example of my academic works

I hereby authorize the **Scottsboro City Schools** or its representatives, to photograph, digitize, or otherwise preserve in permanent form my child's likeness and/or image as well as an example of my child's academic works.

I agree that any such likeness may be used and reused in whole or in part for multimedia productions, Internet distribution, illustration, promotional purposes, and/or educational distribution as deemed fit by **Scottsboro City Schools**, in perpetuity, throughout the world.

I also understand that once my/my child's image is posted on **Scottsboro City Schools** Web Site, the image can be downloaded by any computer user internal or external to the school system. Therefore, I agree to indemnify and hold harmless from any claims I also release **Scottsboro City Schools**, and its officers, agents, faculty, and employees from any and all claims based on the below named minor's likeness or use of likeness of such and agree to hold **Scottsboro City Schools** harmless from any and all claims by third parties, including any claim based on allegation of copyright infringement from his/her likeness.

(Name – Please Print)

(Date)

(Address)

(City, State, Zip)

If completing this form for a minor, please read and sign the following: I hereby warrant that I am of full age and have every right to contract for the minor in the above regard. I state further that I have read the above authorization, release and agreement, prior to it's execution, and that I am fully familiar with the contents thereof.

(Minor's Name)

(Date)

(Address)

(City, State, Zip)

(Signature)

Please CHECK (☐) One:

Father

Mother

Guardian