

Polk County Schools Release Letter

I hereby grant to the Polk County Schools the right and permission, with respect to photographs, or video recordings taken of me or the minor named below on whose behalf I am signing, and with respect to any printed matter in connection therewith, to do the following:

1. To use my image or the image of the minor on whose behalf I am signing, in video recordings of All- County Events
2. To use my name or the name of the minor on whose behalf I am signing, in All- County programs.

I hereby release, discharge and agree to indemnify and hold harmless Polk County Schools and employees from all claims and demands whatsoever arising out of or in connection with the foregoing, and waive any right in inspect or approve the same.

(Signature of Student)

(Name of All- County Group)

(Print or Type Name)

(Street)

(City) (State) (Zip Code)

(Daytime Telephone Number)

(E-mail address)

(Signature of Parent of Guardian of Minor)

(Print or Type Name)

(Street)

(City) (State) (Zip Code)

(Daytime Telephone Number)

(E-mail address)