



Photo Release Form for Students

Date of Event: _____

Parent Permission: Photos and video clips will be taken during this event and may be used in marketing materials for Solano Community Foundation.

By signing below, I give permission to record my child's name, image, voice, statements and/or writing to Solano Community Foundation in Fairfield. I further irrevocably grant to SCF, its advertisers, clients, agents, successors and assigns, unrestricted rights to use the above mentioned sound, still, or moving images in any medium for educational, promotional, advertising, or other purposes without limitation consistent with the mission of the Foundation. I agree that all rights to the sound, still, or moving images belong to SCF. I voluntarily waive the right to inspect or approve such images. This release is effective on the date written below and will remain in effect indefinitely.

Parent/Legal Guardian Signature

Print Name

Date

Student Name