



**Student Release Form**  
**General Filming & Recording**

**For District Sponsored Internal Use and External Public Relations Use**

During the school year, students are occasionally photographed, filmed and/or recorded during school activities and field trips. The recordings are:

- Exhibited at school as part of curricular and extracurricular activities
- Published in internal/external newsletters, public relations materials and other District publications.
- Released to news and documentary organizations to recognize the work of the school and your students. These recordings may be published and broadcast.

This release allows your child to be recorded and for the District to use and circulate these recordings.

\_\_\_\_\_ I **agree** for my child to be photographed, filmed or recorded by representatives of the Santa Monica-Malibu Unified School District (District) and those organizations approved by the District. I herein grant the District and approved assignees the right to use my child's actual or simulated likeness, photograph, voice, personal characteristics and other personal identification (the Recording) for use in all manner of media, throughout the world. I understand that the District or assignee is the sole owner of all right, title and interest, under copyright, in and to all Recordings.

This release extends to the use of Recordings for internal District use, external communication and District approved news/documentary programming. I agree that I am entitled to no additional consideration as a result of the rights granted herein. This release does not extend to projects where the subject would usually receive compensation for participation. Any use of the Recordings in any manner other than those approved by the District is strictly prohibited and restricted.

\_\_\_\_\_ I **do not agree** for my for my child to be photographed, filmed or recorded by representatives of the Santa Monica-Malibu Unified School District (District) or other organizations.

\_\_\_\_\_  
Student's Name (PLEASE PRINT CLEARLY)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Name (PLEASE PRINT CLEARLY)

For More Information, please contact the Theater Operations & Facility Permits Office  
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facilitypermits@smmusd.org