



SPECIAL BEGINNINGS

901 Myrtle Avenue, Eureka, CA 95501
Main Office: 707-445-7043- FAX (707) 445-7143

Media Release Form

Dear Student/Parent/Guardian or Participant:

On occasion, representatives for the media or the Humboldt County Office of Education ("HCOE") wish to photograph, videotape, record, and/or interview students in connection with school programs or events. Educating the public is one of our objectives. The entire community benefits from knowing about the needs and abilities of our students and about the programs we offer to children and families.

In order to allow use of photos, video footage, recordings or interviews related to you or your student, for example, on HCOE's website, or by others authorized by HCOE, we need written permission. Please complete the form below to indicate whether or not you wish to give permission.

Consent & Release Authorization

In consideration of my interest in furthering the educational purposes of HCOE, I hereby grant permission for HCOE and those acting under its permission to copyright, use, publish, display, produce, duplicate, sell and distribute the photographic, video, and sound recordings of (my child's) (my) likeness, voice and activities for educational purposes in any manner or media event delivery format. I further grant permission to HCOE to use segments or portions of the above production for announcements, informational film clips, or other uses necessary to provide information or advertisement for the production or event.

I hereby release, discharge, and agree to hold harmless HCOE and those acting under its permission from any claim of compensation or liability, to the extent permitted by law, related to the use of (my child's) (my) likeness, voice or activities for preparation, distribution, and use of the production, as described above.

1. Participant's Name: _____ (please print participant's name)
2. ☐ I _____ (please print your name), am the parent or guardian of student;
3. ☐ **I give permission** for Participant to be photographed, videotaped, and/or interviewed by HCOE or anyone authorized by HCOE for the purpose of providing the public with information about HCOE's educational programs and authorize the use and reproduction of any resulting photograph, videotape, and/or interview by HCOE or anyone authorized by HCOE without compensation for the same purpose.

☐ **I do not give permission** for Participant to be photographed, videotaped, and/or interviewed by HCOE or anyone authorized by HCOE for the purpose of providing the public with information about HCOE's educational programs and do not authorize the use and reproduction of any resulting photograph, videotape, and/or interview by HCOE or anyone authorized by HCOE for the same purpose.

Signature: _____ Date: _____

THIS AUTHORIZATION SHALL REMAIN IN EFFECT July 1, 2026 to August 31, 2027.