

Legacy Learning Academy

Child Photograph and Video Consent and Release Form

I give permission for Legacy Learning Academy staff, and officials employed in the Office of News and Media Relations or Marketing Services at Legacy Learning Academy to use any video clips, photographs, and audio recordings of my child. I understand that these images and recordings may be used for training, educational, research and promotional purposes, and that printed transcripts taken from these recordings may be made available. I understand that these images, recordings, and transcripts may be used in television broadcasts in the Commonwealth of Virginia and throughout the United States, and made available on websites, social media, and other technologies available now or hereafter developed.

I understand that I will receive no compensation for any use of the images, and that the images can be archived for future use.

I hereby release Legacy Learning Academy from any claims of liability regarding any use that may be made of the images in accordance with this Consent and Release.

I have read and understand the contents of the Consent and Release and have the right/authority to execute this document. I acknowledge and authorize that facsimiles of the original of this document, including my signature, shall be as valid as the original.

CHILD'S NAME (please print): _____

PARENT/GUARDIAN'S NAME: _____

SIGNATURE: _____ DATE: _____