



Teton Valley Education Foundation
PO Box 1111
Driggs, ID 83455

PHOTO OR VIDEO MEDIA RELEASE FORM

Permission to Use Photograph Subject:

School: _____

I grant to **Teton Valley Education Foundation**, its representatives and employees the right to take photographs of my child in representation of the Teton School District. I authorize **Teton Valley Education Foundation** its assigns and transferees to copyright, use and publish the same in print and/or electronically for an indefinite time period.

I agree that **Teton Valley Education Foundation** may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, Facebook and Web content.

I have read and understand the above:

Name of Student: _____

Signature _____

Signature of parent or authorized guardian if subject is under the age of 18

Printed name _____

Address _____

Phone: _____

Date _____