

GTV Consent and Release Form

I, _____, hereby grant GTV (Garfield Television) and MSG Varsity permission to film, videotape and/or photograph my image or my son/daughter's image _____ on Channel 77, Channel 14 and Channel 614 for the purpose of producing educational and promotional materials or for any other legitimate purpose. I understand that the film, video and/or photography may be viewed in collateral material and give them irrevocable rights to publish, reproduce, exhibit, distribute and transmit these images individually or in conjunction with other images or printed matter in any and all media, including but not limited to, print material, television, film, internet and CD/DVD.

I hereby waive the right to inspect or approve my son/daughter's or my image or/and finished materials that incorporate my son/daughter's or my image. I understand that my images will become part of GTV's and MSG Varsity's library and that it may be distributed to their organizations or individuals for use in these publications.

I understand that these images are designed to showcase my son/daughter or myself in an academic setting and is a not for profit venture. Therefore, no fees will be paid to me to my child or me by GTV, Garfield High School, the Garfield School District or MSG Varsity, now or in the future.

I hereby release and forever discharge GTV, Garfield High School, Garfield School District, MSG Varsity, their members, officers, employees and agents from any and all claims, demands, rights and causes of action of whatever kind that I may have caused by or arising from the use of my son/daughter's or my image, including all claims for libel and invasion of privacy.

I understand that the acceptance of the Consent and Release Form by GTV and the Garfield School District shall not constitute a waiver, in whole or in part, of sovereign immunity said by District, its members, officers, employees and agents.

I certify that I am at least 18 years of age and that I have read and understand the above.

PARENT/GUARDIAN'S SIGNATURE: _____ DATE: _____

PRINT NAME: _____

STUDENT'S SIGNATURE: _____ DATE: _____

PRINT NAME: _____

ADDRESS: _____

TELEPHONE #: _____

EMAIL ADDRESS: _____

By:
Production:
Scene:
Date:
Note: