



Date: October 11 and 12, 2018

TO THE PARENT/GUARDIAN(S) OF: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

### PHOTO/IMAGE/VIDEO PERMISSION

The students in our schools have the opportunity to showcase some of the Worlds of Work events through photos, images and videos. Therefore, we would like your parent/guardian permission for your child to be in a photographed and/or videotaped at the WOW – Worlds of Work event being hosted by West Alabama Works, an Alabama not-for-profit entity and others.

I, \_\_\_\_\_, grant permission to “WOW,” “Worlds of Work,” and “West Alabama Works” or any of its affiliates, including the West Alabama Chamber of Commerce, Shelton State and various third-party companies and employers (collectively “Works”), to take, use and publish photos/images/video of my child \_\_\_\_\_.

In granting this permission, I understand that Works may use photos/images/videos of my child for purposes such as celebrating achievements and publicizing Works’ events, as deemed appropriate by Works, and that such use may include display in Works’ videos, websites and promotional materials. I further understand and give me permission that my child in the photos/images/videos will not be personally identified or named in the photo/images/videos. I understand and agree that these photos/images, and videos may be seen and utilized by local college personnel, my child’s school system and other school systems, news media outlets, in professional development activities, websites of Works, school systems, colleges and potential employers, as well as participating company websites.

I am signing this release form with the knowledge that any photos/images/videos may be downloaded and reprinted by various news organizations and/or third-parties, including print, electronic and broadcast media. I understand that there are potential dangers associated with the posting of photos/images/video on a web site as global access to the Internet does not allow for any control of who may access such information. I hereby release, on behalf of myself and my child, Works from any liability arising from use of my child’s photos/images/videos by Works and/or any third-party.

I further understand that if I wish to rescind this agreement, I may do so at any time by sending a letter to Works which will take effect upon Works’ receipt of said letter.

Purpose: Worlds of Work (WOW) Career Expo at Shelton State Community College – Oct. 11 or 12

Classroom: \_\_\_\_\_

Responsible Teacher(s): \_\_\_\_\_

[REMAINDER OF PAGE BLANK - SIGNATURE PAGE TO FOLLOW]

If you agree, please sign and date below. Should you have questions, please contact Carolyn Tubbs ([carolyn@tuscaloosachamber.com](mailto:carolyn@tuscaloosachamber.com)) or Donny Jones [donny@tuscaloosachamber.com](mailto:donny@tuscaloosachamber.com).

Thank you for your consideration of this request.

\_\_\_\_ YES, I agree for my child to be photographed/videotaped as part of our school's production as described above.

Name of Student \_\_\_\_\_ School \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Legal Guardian