



1515 Hughes Way
Long Beach, CA 90810
(562) 997-8000

CONSENT AND RELEASE FROM LIABILITY

Participant's Name: _____ Date: _____

School: _____

I hereby understand and acknowledge my participation or the participation of my child in the LBUSD production of _____

The intended distribution of and use for this product is _____

I hereby grant permission for the Long Beach Unified School District and those acting under its permission to copyright, use, publish, display, produce, duplicate, sell and distribute the photographic, video and sound recordings of me, or my child as stated in the description above. I further grant permission for the Long Beach Unified School District to use segments or portions of the above products for announcements, informational film clips or other uses necessary to provide information or advertisement for the production.

I hereby release, discharge and agree to hold harmless the Long Beach Unified School District and those acting under its permission from any liability to the extent permitted by law, for the preparation, distribution and use of the product as described above.

Any questions regarding this form or production should be referred to:

Office _____ Contact Person _____

Address _____ Phone _____

Release and Consent for Adult Participant (over age 18)

I am over 18 years of age.

Print Name _____ Signature _____

Address _____ Phone _____

Release and Consent for Minor Participant (under age 18)

(Requires signature of parent or legal guardian below.)

I, the parent and/or legal guardian of _____ consent and grant permission to all of the foregoing.

Signature of Parent and/or Legal Guardian _____

Address _____ Phone _____

PLEASE RETURN THIS FORM TO YOUR CHILD'S SCHOOL