



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 product 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**

Publication authorized: Dorothy T. Harper, Deputy Superintendent