SAN FERNANDO VALLEY ACADEMY
17601 LASSEN STREET, NORTHRIDGE, CA 91325
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PARENTAL MEDIA RELEASE FORM

2021-2022 SCHOOL YEAR

PARENTAL RELEASE FOR INTERVIEWING, PHOTOGRAPHING,
AND VIDEOTAPING/AUDIO-RECORDING OF STUDENTS

I am the parent/guardian of _____, who is currently enrolled as a student at San Fernando Valley Academy ("SFVA"). I recognize that as part of the educational process, there may be times when SFVA, or someone properly authorized by SFVA, such as media representatives, may want to interview, photograph, audio-record and/or videotape my student during regular school hours on school grounds, and/or at student activities.

This grant of permission means that, in addition to other appropriate uses (which include, but are not limited to, inclusion in or on SFVA publications, promotional materials, advertisements, presentations, programs, and Internet/Intranet sites), information obtained from the student and the student's likeness and name may be used in conjunction with or by any medium, including print, electronic, radio, and television.

The purpose for which this release, may be used and the procedures relating to its use are governed by all pertinent SFVA policies, procedures, rules, and regulations.

The school shall retain the negative(s), positive(s), digital image(s), or any of other format of said photograph(s) as its own property.

Furthermore, the undersigned consents to the use of said photograph(s) and any format of them prior to their use.

If the undersigned is under the age of eighteen (18), his/her parent or legal guardian has read and understands the foregoing and consents to all the terms herein.

By signing this Release, I waive any cause of action I may have, or that the student may have, against SFVA pertaining to the reproduction, publication, and/or use of information obtained from the student and/or the student's name or likeness. I acknowledge that I may revoke this release at any time during the school year by mailing or delivering a written notice of revocation to my student's principal at San Fernando Valley Academy – 17601 Lassen Street, Northridge, CA 91325.

_____ _____/_____/_____
STUDENT SIGNATURE DATE

The student is under the age of eighteen (18) and the undersigned is his/her parent or legal guardian and approves and consents to all of the foregoing.

_____ _____/_____/_____
MOTHER SIGNATURE DATE

_____ _____/_____/_____
FATHER SIGNATURE DATE