



PHOTO/VIDEO RELEASE FORM

CABE California Association for Bilingual Education

PROGRAM: CABE photo shoot

I provide approval for my son/daughter to be photographed and/or video taped by CABE.

I release CABE and its successors, licensees, assignees, and representatives from any and all claims and causes of action connected with photographs, video tape and voice recordings of me and my minor son or daughter taken during the course of participation in the CABE photo shoot and the commercial or other uses thereof as CABE deems fit.

I consent to the CABE using, reproducing and publishing the photographs, video tapes, and voice recordings identifying me by name and in the manner and content that the CABE deem advisable at anytime or times without limit. I hereby waive my rights of privacy and publicity.

I understand that I will receive no monetary compensation for my participation in this project.

Student Name (please print)

Student Signature

Parent Signature (If student is a minor)

Address

City, state, zip code

Telephone number and area code

Date