



Joint Powers Authority Pupil Publicity Authorization and Release

Dear Parent/Guardian:

The Mountain Desert Regional Career and Occupational Pathways (MDCP) JPA requests your permission to reproduce through printed, audio, visual, or electronic means activities in which your pupil has participated in his/her education program.

Your authorization will enable us to use specially prepared materials to increase public awareness and promote the continuation and improvement of Career Technical Education programs through the use of mass media, displays, brochures, websites, etc.

1. Name of Pupil (please print): _____

2. Birthdate (please print): _____

3. Name of Parent if pupil under 18 years old (please print): _____

a.) I, as a parent or guardian of the above-named pupil or as the above-named pupil of age 18 or older, fully authorize and grant the MDCP and its authorized representatives, the right to photograph, record, edit, and print as desired, the biographical information, name, image, likeness, and/or voice of the above-named pupil on audio, video, film, slide, or any other electronic and printed formats, currently developed, (known as "Recordings"), for the purposes stated or related to the above.

b.) I understand and agree that the use of such Recordings will be without any compensation to the pupil or the pupil's parent or guardian.

c.) I understand and agree that the MDCP and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings.

d.) I understand and agree that the MDCP and/or its authorized representatives shall have the unlimited right to use the Recordings for any purposes stated or related to the above.

e.) I hereby release and hold harmless the MDCP and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the pupil and/or parent or guardian which relate to or arise out of any use of these Recordings as specified above.

MY SIGNATURE SHOWS THAT I HAVE READ AND UNDERSTAND THE RELEASE AND I AGREE TO ACCEPT ITS PROVISIONS.

4. Signature of Student _____ 5. Date Signed _____

6. Parent/Guardian (if pupil under 18) _____ 7. Date Signed _____

8. Address (Number, Street, Apartment Number) _____

9. City _____ 8. State _____ 10. Zip Code _____ 11. Telephone _____

Granting permission is voluntary.

Please return the completed form to Summer.moreno@mdcareerpathways.com