

## MEDIA RELEASE FORM

*This letter confirms the agreement between me and LVEP regarding my participation in approved adult education activities in which I may be photographed, videotaped, or interviewed from time to time.*

I hereby irrevocably grant to LVEP exclusively, and for all media throughout the world (including print, home video, CD-ROM, and Internet), the right to use and incorporate (alone or together with other materials), in whole or in part, photographs or video footage, hereafter described as Property, taken of me as a result of my participation in adult education activities.

I agree that I will not bring or consent to others to bring claim or action against LVEP on the grounds that anything contained in the Property, or in the advertising and publicity used in connection herewith, is defamatory, reflects adversely on me, violates any other right whatsoever, including, without limitation, rights of privacy and publicity. I hereby release LVEP, its directors, officers, successors and assignees from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I may hereafter have against LVEP in connection with the Property.

Choose one of the following:

AGREED TO AND ACCEPTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

DECLINED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**Participant's Signature:** \_\_\_\_\_

**Printed Name of Participant:** \_\_\_\_\_

**Address of Participant:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_

**Witness's Signature:** \_\_\_\_\_

## SECURITY CAMERA ACKNOWLEDGEMENT

I acknowledge the presence of security camera(s) in the classroom.

The primary function of the camera(s) is the safety and security of all who utilize the services of adult education. An added feature of the camera(s) is the ability to "live stream" instruction to students who are choosing to utilize distance education or are otherwise unable to attend class that day. This is done via a time-limited link made available to current students. During these times sound will be enabled on the camera, otherwise the sound is off. Access to camera(s) is limited to employed instructors, regional coordinator and/or local director, and limited state staff.

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**Participant Signature**

**Date**

**Parent or Guardian Signature**