MEDIA RELEASE FORM

Student Name:
School: Travis Early College High School
Please initial to the items you consent to. I hereby consent to:
the participation in interviews,
the use of quotes,
the taking of photographs,
the taking of movies or video tapes
of the Student named above by:
[Full Name, printed]
[Relationship to the student]
I grant to the right to edit, use, and reuse said products above for non-profit purposes including use in print, on the Internet, and all other forms of media. I also hereby releast Travis Early College High School, the Austin Independent School District and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the use of the above materials.
Signature of Parent/Guardian:
Date:
Address of Parent/Guardian: