



## MEDIA RELEASE OPT OUT FORM

**2024 - 2025 School Year**

I consent to the use of my child's name, photograph, video, audio, or other recordings, school work, and interview comments for the educational and promotional purposes of the Covina-Valley Unified School District. I understand this consent includes but is not limited to using such materials in press releases, newsletters, brochures, websites, social media, computer software, slide shows, and audio/video presentations. I understand that my child's likeness may be reproduced or created digitally or transformed into an electronic format to which the general public may have access. The District/School cannot exercise control over the persons who may view and copy ("download") my child's likeness and the uses to which such persons may put such information.

It is understood that photographs or recordings may be taken at any time during the school year while my child is enrolled and may be taken in the classroom or during any school-related activity. It is agreed that I may inspect or view these materials upon request while they are in the possession of the Covina-Valley Unified School District.

It is further agreed that neither my child nor I shall have any right, title, or interest in the photographs, recordings, or other materials that may include my child's name or likeness, which are created by the news media, the Covina-Valley Unified School District, the District's agents, or any organization or association connected with the Covina-Valley Unified School District. I, on behalf of myself, my child, our heirs, executors, and assigns, agree to release and hold harmless the District, its officers, employees, and agents for any and all liabilities, including but not limited to personal injuries arising out of the creation or use of my child's likeness in such materials.

I understand that my consent and signature on this release are NOT a condition of enrolling my child in any program operated by the Covina-Valley Unified School District.

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If you DO NOT give consent, please fill out the information below, print this document, and turn in to your school office.

I DO NOT GIVE my consent for my child, \_\_\_\_\_, to be photographed, videotaped, or recorded by any means, singly or in a group, by the news media, the Covina-Valley Unified School District, the District's agents, and any other organization or association connected with the Covina-Valley Unified School District. I understand that my child has the right to speak to the news media without my permission.

Parent or Guardian \_\_\_\_\_  
(Please Print Parent or Guardian Name)

Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Student Name \_\_\_\_\_

School \_\_\_\_\_

*Revised July, 2024*