



**CONSENT AND RELEASE AGREEMENT**  
**Recording and Broadcasting**  
\_\_\_\_\_ - \_\_\_\_\_ **School Year**



*During this school year, your student has the opportunity to be video/audio recorded (“record”, “recorded” or “recording”) by Nebo Education Television (“NET”) and to have such recording broadcast to faculty and students in the schools of Nebo School District and/or on the NET channel to households within or about the geographical boundaries of Nebo School District. We therefore request that those parents or guardians who would like to take advantage of this opportunity please review and sign this Consent and Release Agreement and return it to your child’s school. Students whose parents or guardians who do not wish to have a recording of their child or personally identifiable information related to their child broadcast in the schools and/or on the NET channel will not in any way be penalized.*

By signing this form, I give Nebo School District and NET permission to record my child and to broadcast said recording to faculty and students in the schools of Nebo School District and on the NET channel. I understand that the broadcasting of such recording may include personally identifiable information about my child, such as my child’s image, name, grade level, name of class, name of school, etc. I also understand that the district, NET, and/or my child’s school will exercise editorial control over the recording and broadcasting. In consideration of the benefits of having my child recorded, I consent to the broadcast of this information along with the recording of my child and to the district’s, NET’s, and school’s exercise of editorial control. I understand that information broadcast in the schools and on the NET channel may be accessed and distributed by parties over whom Nebo School District has no control, and I acknowledge that such parties may use these materials for improper purposes. I agree, on my and my child’s behalf, to release Nebo School District, its board members, administrators, teachers, and employees, from and against any and all claims, damages, or liability arising from or related to the recording, editing, and broadcasting of the recording of my child.

I have read this Consent and Release Agreement before signing it and I fully understand it. I have been given the opportunity to ask any questions I might have about it, understand that my child will not be penalized academically or otherwise if I do not sign it, and sign it in consideration of the benefits described above.

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Parent / Legal Guardian Name (Please Print)

\_\_\_\_\_  
Signature of Parent / Legal Guardian

\_\_\_\_\_  
Date