

PERMISSION TO DISPLAY STUDENT PHOTOGRAPH/NAME

I hereby grant permission to Cobb County School District (District) to use or publicly display my child's photograph, video image, or audio clip on the District's Web site(s), individual school Web pages, or in other official District publications without further notice. I acknowledge the District's right to crop, edit, or treat the photograph, video, or audio clip at its discretion.

I also understand that once my student's photograph, video image, or audio clip is published on a Web site, it can be downloaded by any computer user, on or off campus. I understand a student's name may be published along with the student's picture.

Therefore, I agree to indemnify, defend and hold harmless the members of the Cobb County Board of Education, the District, its officers, employees, agents, successors and assignees (the "Indemnified Parties") from and against any and all claims and liabilities resulting from this publishing.

Subject/Nature of Event: Walton Chorus website and social media	
ermission is granted for the use requested above. OTE: This form must be signed by student if the student is 18 years of age or older. ame of Student Signature of Student are of Student Signature Signature of Parent/Guardian Signature of Parent/Guardian	
Name of Student	
Date of Student Signature	
Name of Parent/Guardian	Signature of Parent/Guardian
Date of Parent/Guardian Signature(s)	

