

Piscataway Township Schools
1515 Stelton Road
Piscataway, New Jersey 08854

VIDEO RELEASE FORM

For good and valuable consideration I, _____ agree to participate or to allow my child, _____ to participate in a Piscataway Township School District video taping session and to appear in certain scenes, without monetary compensation, at the discretion of the District. I hereby release and absolve the Piscataway Township School District, the videographers and all employees thereof from any liability in case of any accident or injury to me as a result of my participation or my child's participation in this project, including instances where I (child) will be transported to a location determined by the Piscataway Township School District. (If transportation is involved in activities, you will receive a separate transportation permission slip at the time of the activity).

I hereby release and waive any and all rights in perpetuity to the scenes in which I (child) may appear in the film, videotape, or other means of distribution now in existence or hereafter invented or discovered, including transmission systems and agree that they may be used in one or several products produced by the Piscataway Township School District, now or in the future.

Name

Signature (Parent/Guardian)

Date