



School Focus RELEASE

PROGRAM TITLE: SCHOOL FOCUS

TAPING LOCATION: _____

TAPING DATE: _____

PROGRAM AIR DATE(S): Airs Daily on Comcast Channel 21 at 9:00am and 5:00pm with additional airing on Sunday, Monday, Tuesday, Thursday and Friday

PRODUCER: _____

ASSOCIATE PRODUCER(S): _____

I, _____, hereby give permission without restrictions to Prince William County Public Schools (PWPCS) and assignees to use my name, likeness, pictures and/or voice in connection with the video (titled above) for broadcast, duplication, distribution, direct exhibition and any subsidiary educational purposes whatsoever in perpetuity.

The foregoing consent is granted with the understanding that PWPCS has the sole discretion to edit the video and/or voice recording of my appearance and interviews as they see fit for incorporation in the program, and I specifically waive any rights to compensation I may have with respect to such use of my name, likeness, pictures and/or voice.

Signature: _____

Address: _____

City, State, Zip: _____

Phone: _____

Signature of Parent or Guardian
If student is under 18: _____

Date: _____