

## WAFLT Release Form

I, the undersigned, hereby consent to the reproduction, use, publication, and/or exhibition by Washington Association of Foreign Language Teachers. ("WAFLT") of the image, voice, or written contribution of the person named below, including but not limited to photographs, art work, film, video recordings, and sound recordings. I further release WAFLT from any and all claims for damages for defamation, libel, slander, invasion of privacy, or any other claim based on the use of the above-described materials. The consideration for this release is other than money, the sufficiency and receipt of which is hereby acknowledged by the undersigned. Neither WAFLT nor anyone associated with WAFLT has made any promise of any other compensation in relation to this release.

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Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

### Parent's / Guardian's Consent

The undersigned represents that he/she is the parent and/or guardian of the minor named above and represents that he/she has the legal authority to execute the preceding consent and release and hereby approves the preceding and waives any rights in the premises.

Name \_\_\_\_\_

(Last name, First name and Relationship to student)

Signed \_\_\_\_\_ Date \_\_\_\_\_

### Authorization for Release of Information/ Student's Name Release:

I authorize the release of my son's or daughter's name on the image, voice, or written contribution of the person named below, including but not limited to photographs, art work, film, video recordings, and sound recordings.

Student's Name (printed): \_\_\_\_\_

Parent's Name (printed): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date \_\_\_\_\_