Parent/Guardian Consent Form for Photo/Video Media Release

Teacher Intern: ________________________ School: _______________________________

Classroom Mentor Teacher: ____________________________________________

Teacher interns self-reflect and analyze classroom instruction as part of their experiences in the teacher preparation program. It is impossible to do this without including P12 students, so we are asking for your consent to use photography, videography, and/or student work samples collected during internship of which could be used as instructional tools in classroom, workshop presentations, web pages, multimedia presentations, and in the teacher intern portfolios. Teacher interns use the documents to analyze their own instruction as part of their evaluation process. Such photography, videography, and/or student work samples may also be used for publications or commercials for recruitment purposes.

I hereby grant Mississippi State University on behalf of its College of Education (“MSU”) permission to use my likeness in any photographs, video or other digital or print productions (“Materials”) in any and all of its publications and other media for use by MSU. I understand and agree that the Materials will become the property of MSU and will not be returned.

In addition, I waive the right to inspect or approve the Materials and to receive any royalties or other compensation arising or related to the use of the Materials. I hereby hold harmless and release MSU and its representatives from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Please complete the consent information below:

☐ Yes, I agree to give my permission for videos, photos, or work to be used for educational purposes or in educational publications as described above.

☐ No, you may not use videos, photos, and/or work of my child.

Student’s Name (Print): __________________________________________________________

Student’s Signature: ___________________________________________________________

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I certify that I am the parent or guardian of _____________________________, named above, and give my consent for the purposes set forth in original release on behalf of this person.

Parent/Guardian’s Name (Print): ________________________________________________

Parent/Guardian’s Signature: _______________________________ Date: ____________

Revised 11/26/18