



---

*Richard Woods, Georgia's School Superintendent*  
*"Educating Georgia's Future"*

**GEORGIA DEPARTMENT OF EDUCATION  
STATE OF GEORGIA COUNTY OF FULTON**

**RELEASE FORM FOR MINORS**

Participant's Name: \_\_\_\_\_ ("Participant")  
Program Title: GA Migrant Education Program Migrant Middle School Summer Program  
Production Date(s): June 5, 2016 to June 11, 2016

1. In consideration for the opportunity of the Participant identified above to participate in the Program identified above, I grant to the Georgia Department of Education ("GaDOE"), the producer and owner of the Program:
  1. The right to photograph, record, and otherwise reproduce the Participant's image, voice, and/or likeness in connection with the Program in perpetuity;
  2. All rights of use, ownership, and copyright in such photographs, recordings, and reproductions;
  3. The right to distribute such photographs, recordings, and reproductions without limitation by any means; and
  4. The right to use such photographs, recordings, and reproductions and, if necessary, the Participant's name and biographical information to promote the Program.
2. I understand that neither I, nor the Participant, will be compensated monetarily or otherwise.
3. I release GaDOE, its employees, and assigns, and the local school system and its employees, and assigns from all liability for any claims by me, the Participant, or any other person arising in connection with the Program.
4. I agree to indemnify and hold harmless GaDOE for and against all claims by the Participant arising in connection with the Program or this Release, and for all costs or damages resulting from the Participant's disaffirmance of this Release.
5. I certify that I am the parent of the Participant or am otherwise legally authorized to grant this release.

DATE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
RELATIONSHIP to PARTICIPANT

\_\_\_\_\_  
STREET ADDRESS