



# RELEASE FORM

I, \_\_\_\_\_, by my signature below hereby agree and consent to allow the Arkansas Department of Education (ADE) to take and make reproductions of photographs, audio and video recordings of my child or children

\_\_\_\_\_  
(Write your child's name or children's names in the blank.)

without payment or any other consideration. I further agree and consent to the use, editing, alteration, copying or publication of any photographic, audio and/or video images, recordings and/or reproductions of my child's/children's likeness or voice by ADE.

I further consent and agree that said photographs, images, recordings or reproductions are the sole property of ADE. This includes any legal claim or complaint for benefit, consideration or monies obtained as a result of the use of such photographs, images, recordings or reproductions of my child's/children's likeness or voice.

Furthermore, without any claim or expectation of consideration, I, on behalf of myself, my child or children, and our heirs, representatives, executors, administrators, and any person acting on our behalf or on behalf of our estates, hereby consent and agree to hold harmless the ADE and any of its associates, employees or agents from any administrative, legal or ethical claim or complaint associated with the release or use of any photograph, audio or video of my child/children that is in the possession or control of the ADE and is used or released as part of the normal course of business of the ADE.

\_\_\_\_\_  
Parent's Name (Please print.)

\_\_\_\_\_  
Child's Name or  
Children's Names (Please print.)

\_\_\_\_\_  
Signature of parent (Please sign in cursive)

\_\_\_\_\_  
Signature of child or children  
(Please sign in cursive)

\_\_\_\_\_  
Date