

## INFORMATION RELEASE FORM

I, \_\_\_\_\_, **Do/Do not** (*circle one*) hereby authorize the Hillsborough Education Foundation to take photographs, videos, and to use testimonials (verbal and written). These photographs, videos, and testimonials can be used in any print media, television, and website marketing now and in the future.

I **Do/Do not** (*circle one*) hereby release, discharge, and agree to hold harmless the Hillsborough Education Foundation and any representative or employee from any liability by virtue of any use whatsoever of said information.

**Student (Print Name):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student's Signature** \_\_\_\_\_

If the student is under the age of 18, a parent must sign below:

**Parent or Legal Guardian (Print Name)** \_\_\_\_\_

**Parent or Legal Guardian's Signature** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

