

# LSU Coastal Roots Program

## Photo Release Form

*Students over the age of 18 may sign for themselves; students under 18 must have this release form signed by a parent or guardian.*



I give permission, without restriction, to Louisiana State University to use the name, photographs, audio clips, video clips, writing samples, quotes and artwork (and/or any copies of such), of/from myself or my child.

I grant the right to use these materials, name of myself/child/dependent, and the name of my child's school for educational and promotional use, as directed by the LSU Coastal Roots staff in relation to the LSU Coastal Roots Seedling Nursery Program, without payment or remuneration for any appearances, use or displays. I acknowledge the Louisiana State University's right to crop or treat the display of such images, audio, video, writing, quotes and artwork at its discretion. I understand that these materials may be used in printed and Internet publications and presentations, and that these materials may also be given to news media and other organizations for educational or promotional purposes. Only your child's first name and school will be used on Internet pages.

### CHECK ONLY ONE

\_\_\_\_\_ **I give my permission for the use of my child's photograph, audio clip, video clip, writing, artwork or quote in printed, Internet and/or news media publications. I understand that signing this release does not guarantee use or publication of the photograph, audio clip, video clip, writing, artwork or quote (as outlined above). I understand I may change or withdraw this release/consent at any time by contacting Louisiana State University, in writing, at the address listed below.**

\_\_\_\_\_ **I do not give permission for my child's photograph, audio clip, video clip, writing, artwork or quote to be used by the LSU Coastal Roots Program .**

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Student's home telephone number

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Birth Date of Student**

\_\_\_\_\_  
**Address of Student (number, street, city, state, zip)**

\_\_\_\_\_  
**Printed Name of Adult or Parent/Guardian**  
(required for all students)

\_\_\_\_\_  
**Signature of Adult or Parent/Guardian**  
(not required for students over the age of 18)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of School**

\_\_\_\_\_  
**Teacher**

**Questions:** Dr. Pam Blanchard, LSU Dept. of Educational Theory, Policy, and Practice,  
223-D Peabody Hall, Baton Rouge, LA 70803 Phone: 225/ 578-2297 Fax: 225/ 578-9135.