

CONSENT, WAIVER AND RELEASE

I, the undersigned parent or legal guardian of ______, do hereby consent, authorize and grant permission for said student to participate in course reviews for Florida Virtual School, its agents, employees, or duly authorized representatives.

I do hereby consent, authorize, and grant permission to Florida Virtual School, its agents, employees, or duly authorized representatives to take photographs, video or audio tapes of said student, and do further consent to the publication, circulation and dissemination of said photographs, video, or audio tapes or any duplication or facsimile thereof for any purposes it may deem proper.

In granting such permission, I hereby relinquish and give to Florida Virtual School all right, title, and interest I may have in the research. And, further waive any and all right to approve the use of the research findings and any right to compensation for the findings. I hereby relinquish and give to Florida Virtual School all right, title, and interest I may have in the finished pictures, negatives, reproductions or copies, and further waive any and all right to approve the use of such photographs, video or audio tapes and further do waive any right to compensation for the publication or other use of said photographs, video or audio tapes and do release Florida Virtual School, its agents, licensees, representatives and assigns from any and all claims of any nature whatsoever arising from their use.

Date

Parent or Guardian Signature

Address

City, State and Zip

Phone