

Capital Innovations Academy Media Waiver

I give my consent for photographs and/or videos taken of my student to be used for publicity purposes: on the Capital Innovations Academy or SacArts Education website, in brochures and flyers and news releases, in videos of school events and performances, in promotional videos, and in presentations to future prospective program participants. I grant permission for photographs and/or videos taken of my student to be used for the above purposes both while my student is an enrolled student at Capital Innovations Academy and after my student is no longer enrolled.

I understand that I will receive no compensation for such uses. I retain the right to have any photographs and/or videos discontinued from use in any or all of the above venues upon request, and if, at any time, I wish my photograph(s) or video(s) to be discontinued from any of the above, it is my responsibility to contact Capital Innovations Academy to make this request.

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____