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Publications, Video, Internet Consent and Release Agreement

Consultants, teachers, and students are occasionally asked to be a part of Advanced Placement Strategies™, Inc. publications and/or public relations activities. In order to guarantee privacy and ensure your agreement for you to participate, APS asks that you sign this form.

The form referenced below indicates approval for your name, picture, work, voice or verbal statement to appear in APS publications, videos or on the web site. For example, pictures and articles about activities may appear in local newspapers or district publications. These pictures and articles may or may not personally identify the person. The pictures and or videos may be used by APS in subsequent years.

AGREEMENT

Consultant, teacher, student and parent/guardian release to Advanced Placement Strategies, Inc. their name, voice, verbal statements, portraits (video or still) and consent to their use by APS.

Advanced Placement Strategies, Inc. agrees that the Consultant, teacher, or student's name, voice, verbal statements, portrait or picture shall only be used for public relations, public information, school or district promotion, publicity, and instruction.

Consultant, teacher, student and parent/guardian understand and agree that:

- No monetary consideration shall be paid;
- Consent and release have been given without coercion or duress;
- This agreement is binding upon heirs and/or future legal representatives;
- The photo, video or consultant, teacher, student statements may be used in subsequent years.

If the consultant, teacher, student and parent/guardian wish to rescind this agreement they may do so at any time with written notice provided that APS can use the remaining inventory of material without the need for revision. The use of personal addresses and email will be used for communication purposes only within Advanced Placement Strategies, Inc.

TEACHER/CONSULTANT

Name (Print) _____ Email _____ Date _____

Signature _____ School or Business Affiliation _____

FOR STUDENTS ONLY (PLEASE PRINT LEGIBLY.)

Name _____ School _____ Teacher _____

_____ (Home Address, City, State, Zip)

_____ (Email Address)

_____ (Cell Number)

_____ (Student Signature)

_____ (Teacher Signature)

_____ Date _____

Parent/Guardian (Print) _____ Email _____ Cell Number _____

Parent/Guardian if student is not 18 years old _____ Date _____
(Parent Signature)