HILLSBOROUGH COUNTY SHERIFF'S OFFICE
RISING STARS LEADERSHIP ACADEMY

VIDEO / PHOTOGRAPH RELEASE

Date:_____

Name of Student/Child:_____

I hereby give consent and grant permission to the Hillsborough County Sheriff's Office ("HCSO"), to use images and recordings of my Student/Child, including video and audio recordings and photographs, taken in connection with my Student/Child's participation in the HCSO Rising Stars Academy.

I understand and agree that HCSO may use or display such images or recordings of my Student/Child in HCSO presentations, literature, promotional materials, media materials, or on HCSO's website. Such images or recordings may be used by HCSO without consideration or time limitation, and shall remain the property of HCSO.

I hereby release and discharge HCSO, and its employees, from any and all claims or demands arising out of or in connection with the use of such images or recordings, including but not limited to any claims for invasion of privacy, appropriation of likeness, or defamation. I further acknowledge that this Release is binding on me, my Student/Child, our heirs and assigns.

By signing below, I hereby warrant that I am 18 years old or more and competent to enter into this Release and that I have completely read and fully understand this document and agree to be bound thereby.

_____	_____	_____
Name of Student/Child	Signature of Student/Child	Date
_____	_____	_____
Name of Parent/Legal Guardian	Signature of Parent/Legal Guardian	Date
_____	_____	_____
Name of Parent/Legal Guardian	Signature of Parent/Legal Guardian	Date

** If the Student/Child is 17 years old or younger, Parent/Legal Guardian signature(s) are required **

School Name:_____