

The Virtual High School's
2018 Annual Scholarship Program
Media Release Form

Project Name _____

The VHS media release form for Students under the age of 18 requires parent / guardian signature.

I hereby state that I am the parent / legal guardian of _____
(student name) at _____(address)

I acknowledge that all materials, presentations, images, video, audio, print, and any other form of materials submitted for the 2018 VHS Annual Scholarship Program becomes the property of VHS, Inc., Virtual High School and may be used in marketing or promotional materials. I understand that my son / daughter retains a royalty-free right to reproduce or otherwise use for non-commercial purposes, the written communication that was developed by him / her in connection with the project.

I understand that neither I nor my son / daughter will receive any compensation under this agreement and that VHS, Inc. and its assignees and licenses are relying on this Media Release Form for the use, distribution and publishing of the materials and related works.

I hereby release VHS, Inc. and its employees, independent contractors, assignees, sub-grantees, and licensees from any and all claims and actions resulting out of the use of _____ (name of student) materials, presentations and written communications related to the 2018 VHS Annual Scholarship Program.

Signed _____ Date _____

Printed Name _____

If the student is eighteen (18) years old or over, the following must be completed by him / her.

I, _____ (name of student) having reached the age of majority, hereby acknowledge that I have read and consent to each of the foregoing terms and releases.

Signed _____ Date _____

Printed Name _____