

**CLARK COUNTY SCHOOL DISTRICT RELEASE FORM AND WAIVER
For Students and Employees**

This Is a Legal Document Affecting Your Rights and Responsibilities
Please Read it Carefully Before Signing

1. I understand that _____ (“Producer”) and _____ (“Company”) is producing a currently untitled documentary film concerning _____ (the “Picture” or “Program”), and has contacted me for participation. Producer is interested in obtaining film, video or other footage including audio (“Footage”) through interviews and related activities.

2. I understand that my participation is entirely voluntary and that making the Picture will occur completely apart from my obligations as a student and/or outside the course and scope of my job duties as an employee. I also understand that I am not being directed or otherwise compelled by the Clark County School District (“District”) to participate in the making of the Picture. I understand that no grade or performance evaluation may be based on my decision to participate or abstain from participation in making this Picture.

3. I understand that filming is to occur on the property of the District, namely _____ School, and that my comments, actions, or image may be associated with the District and that I have a duty to maintain a professional decorum when making any statements that are made on behalf of the District, or any statements that may be construed as those of the District because of the nature of the subject matter or the environment in which the statements were provided.

4. As a District employee (if applicable), I understand that I am obligated to protect the privacy and confidential information of students and that I may not share that information without the consent of the legal guardian, parent or student, whichever is appropriate.

5. I understand that the Producer or its affiliates may use all or part of any Footage including sections that have been edited or spliced together and portions that did not occur in chronological or sequential order in the production of the Picture.

6. I understand that the District has no control over the Producer’s decisions regarding the Picture and therefore the District has no responsibility or liability to me, my reputation or anyone associated with me as it relates to the making of this Picture or the end result of this Picture. I understand that I may disagree with the final edited version of the Picture and may feel that it is disparaging or defamatory.

7. I understand that the Picture may be shown in any market, including internationally, and may be repeated in part or as a whole, indefinitely. I understand that my words or actions may be taken out of context. I further understand that the Picture

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may be aired on television, video, movies or other methods of production and that the end result may call into question my words, actions, character, personal ethics or professional integrity.

8. I understand I am waiving my rights to sue or otherwise pursue any legal remedy against the District for any action or omission, intentional or accidental that may arise from the making of the final product or the Picture.

9. I understand that the District will not be obligated to defend or indemnify me should a dispute arise against me in relation to this Picture. I also understand that the District will not initiate or maintain any litigation on my behalf in connection with the Picture.

10. I understand that this release and waiver may be in addition to the same type of document presented to me by the Producer, but is required prior to any filming or other media activities in which I may appear. This waiver and release is for the clarification and protection of the District.

If releaser is 18 years old or older, complete the following:

Print Name: _____

Signature: _____

Date: _____

If releaser is not yet 18 years old, complete the following:

I, the undersigned, hereby warrant that I am the Parent/Guardian of _____, a minor, and have full authority to authorize the above release and waiver which I have read and approved.

Print Name of Parent/Guardian: _____

Signature: _____

On Behalf of _____ (minor's name)

Date: _____