



Consent for the Use or Publication of Images, Recordings and/or Work

I/we hereby authorize Region 4 Education Service Center to use photographs, videotaped images, digital images, and/or voice recordings of the person/student named below. I/we further authorize Region 4 Education Service Center to use artwork, writing or other school work by the person/student named below. Use by Region 4 includes, but is not limited to, Region 4 display materials, emails, brochures/flyers, internal and external publications, social media and posting on the Region 4 Education Service Center's websites.

This release is given without the promise or expectation of compensation.

I/we understand and agree that this release is effective until revoked in writing by the undersigned. Such revocation is only effective to prevent future expanded use of the person's/student's previously used photographs, videotaped images, digital images, voice recordings, artwork, writing or other school work.

Chance Farlow

Person/Student Name (Please Print)

Chance Farlow

Person/Student Signature

5-13-15

Date

Brazoswood High School

School

Brazosport ISD

District

If the Person/Student is under the age of 18, a parent/guardian must grant consent.

Parent Name (Please Print)

Parent Signature

Date