

Knox County Schools Student Media Release Form

I, as the parent/guardian of and its employees, representatives and authorized interview and record my child and his/her likeness for and printed media. I also give Knox County Schools per to news media outlets including, but not limited to, respectively.	r use in audio, video, film or other electronic, digital ermission to release photos or recordings of any type
I understand that neither Knox County Schools not compensated for such rights. I am also aware that I w participation, and I waive any right to inspect or appr	ill not receive monetary compensation for my child's
I agree to release and hold harmless Knox County Sch from any liability or claims of damage, known or unk	
Please note if you opt out of the media release for yearbook and classroom publications as part of a otherwise. Additionally, if at any time you wish to will Public Affairs at 865-594-1905; however, any prior public the district's archive.	irectory information unless you notify the district thdraw your consent, you may contact the Office of
Name of child's school:	
Parent/legal guardian:	
(print)	
(signature)	
Date:	