



ARIZONA LATINO MEDIA ASSOCIATION – ALMA  
PHOTO RELEASE

Name of Student:

*(Please  
Print)* \_\_\_\_\_

As the parent or legal guardian of the Student listed above,

I, \_\_\_\_\_

*Print Name of the Parent/Guardian*

give permission for my student to participate in the activities related to ALMA & ASU High School Journalism workshop March 6, 2020. This Photo Release covers all events and occurrences associated with the activities, participation and observation.

I also authorize ALMA & ASU to film, videotape, photograph or otherwise record Student's participation in the multimedia workshop and activities and to reproduce and use the film, videotape, recordings and student's name, likeness, voice and brief biographical material in connection with non-commercial promotional activities, materials, or websites related to ALMA & ASU multimedia workshop.

Signature of Parent or Legal Guardian:

\_\_\_\_\_

Date: \_\_\_\_\_