



Media Release Form

I hereby agree to be videotaped, photographed, or interviewed for all KIPP-related projects and media coverage. I also grant the School, KIPP Foundation, and all KIPP affiliates, the right to edit, use, and reuse all aforementioned media materials, or portions thereof, for purposes including use in print, on the Internet, and in all other forms of media. It is my understanding that all aforementioned media materials will be used for public view both during and following my time at KIPP. I release the School, KIPP Foundation, all KIPP affiliates, and their respective trustees, agents, and employees from all claims, demands, and liabilities whatsoever with the connection of the use of such media materials. It is my understanding that I will not receive any financial remuneration related to this release.

By signing below, I verify that I understand the above release and that I have indicated my preference. If my preference changes, I will contact the school.

Name: _____

School/Organization: _____

Signature: _____

Date: _____