**Student Publication Release Form**

**Health Sciences and Technology Academy (HSTA)**

During participation in HSTA activities and events, students and student products are often photographed, videotaped, and/or audiotaped. The purpose of these materials is to showcase student work and participation. They are published in educational, instructional, and program advancement materials in order to inform the community and other interested parties about HSTA. The materials may also be posted to the HSTA website, HSTA club homepages, and/or HSTA social media outlets (i.e Facebook, Twitter). The goal is to positively recognize students and share the HSTA experience.

By signing on the line below, I permit myself to be photographed and filmed with or without audio at HSTA Events, whether they are held on WVU property or elsewhere. I understand the following:

1) That the photographs or video footage may be used for the publicity and promotion of HSTA/WVU in various forms of media, which may include but not be limited to, print, television, film, or the internet.

2) That the photographs or video footage may be published on the internet, specifically on social media sites or YouTube, throughout the world and in perpetuity to promote HSTA/WVU.

3) That the photographs or video footage may be used for educational and promotional purposes, and that I have no right to inspect or approve finished products containing my image prior to publication.

4) That I have no ownership rights in my image, and that I will receive no monetary compensation.

This form will remain on file and in effect for the duration of HSTA program.

Please initial:

\_\_\_\_\_\_I give permission

\_\_\_\_\_\_I do not give my permission (please do not sign below if you do not give permission)

Student's Name (Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

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County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian's Name (Print) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_