

Hillsborough County Sheriff's Office
Video Release Form and Indemnity Agreement

To Whom It May Concern:

As the parent or legal guardian of the child named below, I give my consent and permission to the Hillsborough County Sheriff's Office to photograph and/or videotape my child in connection with my child's participation in the Rising Stars Academy.

The Hillsborough County Sheriff's Office may use the photographs and/or video of my child on its literature, promotional materials, or website. Also, the photographs and/or video of my child may be provided to the media for release.

Signature of Parent or Legal Guardian: _____

Name (print): _____

Name of Child (print): _____

School Name: _____

School Address: _____
