



**SUMTER COUNTY SHERIFF'S OFFICE  
RELEASE FORM FOR MEDIA RECORDING**

I, \_\_\_\_\_, the undersigned, parent and/or legal guardian of minor, \_\_\_\_\_, do hereby consent and agree that the Sumter County Sheriff's Office, its employees, or agents have the right to take photographs, videotape or digital recordings of me or said minor during Sheriff's Teen Citizens Academy activities and to use these in any and all media, now or hereafter known, and exclusively for the purpose of promoting and publicizing the Sumter County Sheriff's Office. I further consent that my or said minor's name and identity may be revealed therein or by descriptive text or commentary.

**I do hereby release to the Sumter County Sheriff's Office, its employees or agents all rights to exhibit this work in print, electronic form and on agency managed social media formats publically or privately and to market and sell copies.** I waive any rights, claims or interest I may have to control the use of my identity or likeness, or the identity or likeness of said minor, in whatever media is used.

I understand that the Sumter County Sheriff's Office is not responsible for any expense or liability incurred as a result of my or said minor's participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I have read and understand the foregoing statement, and am competent to execute this Release.

Witness: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Witness: \_\_\_\_\_

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