

Photo/Video Release Form for students

By signing this document I give my permission for Kings to record photographic or video images of myself/the child under my care.

I understand that these images (photographs and/or video) may be used in print publications, online publications, presentations, websites, and social media with the specific purpose of promoting Kings and its activities.

I also understand that these images may also be used alongside personal information including my/the student's name, nationality, course of study, academic results or personal testimony.

I further understand that the copyright to such images belongs to Kings and that no royalty, fee or other compensation shall become payable to me by reason of such use.

Student details

| Student's name: | Student ID: | Student age |
|--|-----------------------|-------------|
| | | |
| Student's signature: | Date: | |
| | | |
| Guardian details (for students under 16) | | |
| Guardian's name: | Guardian's signature: | |
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