

Release for use of photographs, audio, video recording, or publication and information to the Wyoming Department of Education Parent or guardian must sign if under age 18

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Name of Participant: \_\_\_\_\_  
School: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the Wyoming Department of Education ("Department"), and those acting under its permission and on its authority, to take photographs, audio or video recording of me, and/or my child, in which I/my child may be included in whole or in part, and to use such photographs, audio or video recordings or reproductions thereof, made through any medium, for Department logos, programs, presentations, services, activities or publications in conjunction with the Department.

I hereby waive any right to inspect or approve such photograph, audio or video recording or publication, and release any copyright interest or claim for royalty therein that may accrue to me, irrespective of fees that may be generated by the use of the same. I waive any right or privilege of confidentiality that I hold in such photographs, audio or video recordings to the extent that they appear in logos, programs, presentations, services, activities or publications.

I hereby release and discharge the Department, its Administrators, its successors, and those acting under its permission and authority from any liability which may result from the taking or use of such photographs, audio or video recordings.

Sovereign Immunity. By signing this release, I acknowledge that the State of Wyoming and the Department do not waive sovereign immunity, and specifically retain immunity and all defenses available to them as sovereigns pursuant to Wyo. Stat. § 1-39-104(a) and all other state law.

Applicable Law/Venue. The construction, interpretation, and enforcement of this waiver shall be governed by the laws of the State of Wyoming. The Courts of the State of Wyoming shall have jurisdiction over this waiver and the parties, and the venue shall be the First Judicial District, Laramie County, Wyoming. The parties intend and agree that the State of Wyoming and the Department do not waive sovereign immunity by entering into this Contract and specifically retain immunity and all defenses available to them as sovereigns pursuant to Wyo. Stat. § 1-39-104(a) and all other applicable law.

I grant this authorization as a voluntary contribution in the interest of fostering the programs, services and activities of the Department.

I do (\_\_\_), do not (\_\_\_) include the authorization to use my name in connection with such photographs, audio or video recordings.

I do (\_\_\_), do not (\_\_\_) include the authorization to use any photographs, audio or video recordings, or likenesses which might identify me, such as those that show my face. I have read the above and am competent to grant such authority.

\_\_\_\_\_  
Participant (signature) Age: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian (signature if participant is under age 18)

\_\_\_\_\_  
or (child name)