



Student Name: _____

Grade and Teacher: _____

Student Media Release Consent Form – Parent/Guardian

**Please ensure one box is checked for Part 1 and one box is checked for Part 2 of this form.
*This form will remain active on your child's file until superseded by the most recent signed form.**

Part 1 – Events

I, _____,

(Please print name of parent/guardian)

hereby agree and give my permission for Ste-Foy Elementary School (hereinafter referred to as SFE) and/or partners to record, film, photograph, audiotape or videotape my child's name, image, student work, and performance (hereinafter collectively referred to as "Works") and to display, publish or distribute these Works for the purpose of publishing, posting on the SFE website, posting in schools, posting on social media sites (including but not limited to: Facebook; Twitter; YouTube) and/or for broadcasting on television or radio as determined by SFE.

I hereby waive any right to approve the use of these Works now or in the future, whether the use is known to me or unknown, and I waive any right to any royalties related to the use of these Works.

I understand that the Works may appear in electronic form on the Internet or in other publications outside of the SFE's control. I agree that I will not hold SFE responsible for any harm that may arise from such unauthorized reproduction.

Please mark this box if you **AGREE** that your child may participate in recorded SFE school events and SFE hosted events as described above. ***(Continue to Part 2 below)**

Please mark this box if you **DO NOT WISH** your child to participate in recorded SFE school events and SFE hosted events. ***(please disregard Part 2 and sign below)**

Part 2 – Media Specific

I also understand that external media organizations may attend school events. I give permission for my child's name, image, student work, and performance to be photographed, filmed, audio-taped or videotaped for the purpose of being published and/or broadcast on-line, on television or radio.

Please mark this box if you **AGREE** that your child may participate in media events that may be published or broadcast by organizations external to the SFE.

Please mark this box if you **DO NOT WISH** your child to be photographed, filmed, audio-taped or videotaped at media events.

I have read this **Student Media Release Consent Form** and I fully understand the contents and meaning of this release. I understand that in authorizing the release of such information, I am releasing any claim to the protection of personal privacy of my child. I understand that I am free to contact the Principal with any questions regarding this release.

Parent's/Guardian's Signature: _____

Date: _____