St. Michael School
6906 Chestnut Road
Independence, Ohio 44131

MEDIA RELEASE AND CONSENT FORM

We recognize the value of audio-visual and digital technologies in providing our child with an effective education and hereby grant permission for our child and/or his/her schoolwork projects to be photographed or recorded as part of an educational program produced by the school or a coalition of schools.

We grant permission for the photographs or recorded work to be used in media presentations that are made available to other educational institutions or through a cable television station or network. We further grant permission for photographs to be used in print media or on the school website including EdLine. We understand that our child's image, name, work product, school and grade may be revealed in the presentation(s), but that no other information about our child or his/her schoolwork will be revealed without prior consent.

Student Name _____ Grade _____

Parent(s) Name _____

Parent(s) Signature _____

Address _____

City _____ State _____ Zip Code _____

Telephone (home) _____ (work) _____(cell) _____

Date _____

_____ No, I do not wish to have my child's photo used in any public forum.