



## MEDIA RELEASE

I hereby give consent for my child to be photographed by school staff or parent volunteers during any school activity, on or off the school campus. I give my permission to release any photographs, of my child taken during school activities, for use in school and on Facebook closed groups.

STUDENT NAME \_\_\_\_\_

PARENT NAME \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_