



MEDIA RELEASE FORM

Dear Parent/Guardian:

During the school year, our school will hold events that may be photographed and/or vide-recorded. We value your child's participation, and ask for your permission to include him or her. Please indicate by checking the box(es) below whether your child has your permission to participate.

You may update this form at any time by contacting Miss Sam at (801) 784-0601.

Check All That Apply:

- ☐ I give my permission to have my child interviewed and photographed/video-recorded by the news media.
- ☐ I give my permission to have my child interviewed and photographed/video-recorded by the news media.
- ☐ I give my permission for videos of my child to be shared with news media for school promotional purposes.
- ☐ I give my permission for photos or videos of my child to be used on the school website.
- ☐ I give my permission to have Miss Sam's Shining Stars Academy feature my child's art work
- ☐ Shining Stars Academy may provide a credit to my child if his/her work is shown.
 - ☐ First Name Only
 - ☐ First & Last Name
- ☐ I give my permission to have my child video-recorded (primarily for the end of year graduation video).
- ☐ Please **do not** include my child in these activities. I **do not** want my child photographed or videotaped.

Comments:

Child's name (please print)

Parent/Guardian's name (please print)

Parent/Guardian's signature/date
