

**Student Media Consent and Release Form**

*Throughout the school year, students may be highlighted in efforts to promote VIDE activities and achievements. For example, students may be featured in materials to train teachers and/or increase public awareness of our schools through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media.*

I, as the parent or guardian of , hereby **GIVE** or **DO NOT GIVE** the VIDE and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

1. This is with the understanding that neither VIDE nor its representatives, will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child’s participation.
2. I further release and relieve VIDE, its Board, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material. I certify that I have read the Media Consent and Release Liability statement and fully understand its terms and conditions.

# Please understand that failure to return this release form within ten (10) school days from the date of distribution will constitute approval of the above requests. If parent/guardian chooses to change above authorization, he/she needs to do so in person at the child’s school.

**Please Print**

Name of child Grade School Home Address City, State, Zip Print name of parent/guardian Signature of parent/guardian Date Phone Number