

Media Release Form

(This form is intended for students UNDER the age of 18)



I, the undersigned parent/guardian of _____,
(Name of Student)

a student at Southern Westchester BOCES, hereby give my permission for my child's photograph or video recording and name to appear in all SWBOCES websites, newsletters, calendars, social media networks (e.g. Facebook, Twitter, Instagram or YouTube), press releases, brochures, yearbooks, and/or other publications as well as in local news media, and video recordings of student activities during the school day and outside school hours, which may be broadcast on local radio and/or television on a non-paid basis. I understand that my child's name may or may not be mentioned and my child's voice, likeness, statements, actions or other information may be used in such recordings. The same applies to any interviews conducted for print or broadcast by local media. Photos and video images published on SWBOCES' digital platforms under this permission shall be removed upon my written request.

I release SWBOCES, its officers, employees and agents, from any and all claims, demands, actions, causes of action, suits, damages and judgments as a result of the use of the above information about my child in the publications and/or media broadcasts described above.

I am over the age of 18, have read the above information, and understand the conditions of this agreement and will be bound by its terms on behalf of my child.

_____ **I GIVE PERMISSION** for the types of information mentioned here regarding my child to be used or released as described above.

_____ **I DO NOT GIVE PERMISSION** for the types of information mentioned here regarding my child to be used or released as described above.

Signature of Parent/Guardian _____

Name (please print) _____ **Date** _____

Your Relationship to Student _____

Student's Home School _____ **Grade** _____ **CCS Teacher** _____

PLEASE RETURN THIS FORM TO YOUR CLASSROOM TEACHER