

Media Release Form

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



I, the undersigned, _____,
(Name of Student)

a student at Southern Westchester BOCES, hereby give my permission for my photograph or video recorded image and name to appear on all SWBOCES websites, in the SWBOCES newsletter and calendar, social media networks (e.g. Facebook, Twitter, Instagram or YouTube), SWBOCES brochures and/or other publications, school yearbook, local news media, 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 name may or may not be mentioned and my voice, likeness, statements, actions or other information may be used in such recordings. The same applies to any interviews conducted for broadcast by local television or radio 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 me in the publications and/or media broadcasts described above.

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

Please print your name here _____

Signature _____ Date _____

Name/Signature of Representative _____

Teacher/Subject _____

If you do not wish to have this information used by SWBOCES in the manner described above, please complete this section:

I, the undersigned, _____,
(Name of Student)

DO NOT WANT the types of information described above regarding me given to the local newspapers, used in SWBOCES publications, the SWBOCES web site, social media networks, the yearbook, or by local television and/or radio stations. Photos and video images published on SWBOCES' digital platforms under prior permission shall be removed upon my written request.

Print student's name _____

Signature here _____ Date _____

Name/Signature of Representative _____

Teacher/subject _____

PLEASE RETURN THIS FORM TO YOUR TEACHER

Southern Westchester BOCES Center
for Adult & Community Services
914-592-0849
adulted.swboces.org