

Student Media Consent and Release Form

Students will be provided technology for use within the virtual learning environment to communicate and build skills throughout the school year. Additionally, their photograph, interview, likeness, and/ or course classwork may be highlighted in efforts to promote classroom activities and achievements. For example, students may be featured in materials to train teachers and/or increase public awareness of our schools through social media, newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media. I, as the parent or guardian of _____, hereby give this school 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.

a. This is with the understanding that neither the school 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.

b. I further release and relieve the school, its Board of Trustees, 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 distribution date will constitute approval of the above requests.**

_____ (Initial). I have read and understood the district's Acceptable Use of Technology Policy, and equipment loan policy which governs student use of computing devices and internet access.

_____ (Initial). My child is over the age of 13-years old and I give permission for a Microsoft Teams account to be issued to the Student.

_____ (Initial). I understand that access to the school technology resources is not a private activity and that the school will monitor student activity on any of the school resources, including but not limited to the computer system, e-mail system, and other electronic devices and programs (Including but not limited to Internet access, fax, e-mail, stand-alone computer, and telephone).

_____ (Initial). I have read the school's technology procedures and regulations and agree to abide by these provisions. Violation of these provisions may result in suspension or revocation of system access. I also understand that any actions taken through the school network that violates the school disciplinary code will be handled accordingly, and appropriate legal authorities may be contacted if there is any suspicion of illegal activity.

_____ (Initial). I have read all of the above and choose to opt out.

_____ (Initial). I do not grant media consent or release.

Please Print Name of child _____

Grade _____ School: _____ Homeroom: _____

Address _____

City, State, Zip _____

Signature of parent or guardian _____

Date _____ Relation to Student: _____

Phone Number _____

This form is valid for 1-year. Rescinding or canceling permissions must be in writing.