MEDIA RELEASE AND OPT-OUT FORM

Parents/Guardians: Read all sections of this Media Release and Opt-Out Form. If you decide to opt-out, return the signed form to the school principal or classroom teacher by [Date] of the current school year. If your child is transferring into the school during the academic year, please complete and return during the admissions process or within one week of enrollment.

You may deny permission to [Name of School], its agents, staff, students and individuals contracted for commercial purposes, to photograph, videotape, and/or audiotape your child at school and during school-sponsored activities, including media events. This does not include videotaping by security cameras in school or on school buses.

If you do not sign and return this form, it is understood that you have decided NOT to opt-out or deny the school permission to photograph, videotape, and/or audiotape your child at school and during school-sponsored activities.

Check option #1 or #2 below ONLY if you opt-out and do NOT grant permission to this media

release.	0
team or club pictures, yearbook pictures that w	ld to be photographed, videotaped, and/or
2 As the parent or legal guardian of, I choose to opt-out and do not grant permission for my child to be photographed, videotaped, and/or audiotaped at school or during school-sponsored activities, including media events, for ANY purpose or under ANY conditions. I deny permission for my son or daughter's image or voice to be used on any social media sites or in any publications, including photographs taken for individual and class group pictures, a school yearbook, memory book, memory video, sports team or club pictures and/or for use in his or her classroom.	
Parent Signature	Date