



WEBSTER Public SCHOOL

77 Poland Street
Webster, MA 01570



Media Release Form

We need students and parent's permission to use a person's photograph, voice, and/or name in various media projects. Please read the following, then date and sign where indicated, thanks.

_____ **Yes- I consent.** I grant permission for my child to participate and appear in video or audio recording, films, photographs, written articles, or on websites and social media sites. This consent includes the use and editing of my child's image, voice and name in media projects by the Webster Public Schools to print, broadcast or Internet media outlets, such as newspapers, radio and television stations and news websites. In consideration of the opportunity for my child to participate, I release the Webster Public Schools including its employees and contractors, from all claims resulting from the use and editing of my child's image, voice or name, and use, sale, editing and release to media outlets.

_____ **No- I do not consent** to non-Webster Public School use of my child's photograph, voice and/or name in various media projects.

Your selection remains valid for all media projects occurring during the school year in which this form is signed. You may change your selection at any time by completing a new form at your school.

Date: _____
(Day, month, year)

Student name: _____

Student signature: _____

Parent or legal guardian signature is required if the participant is under 18 years old.

Parent or legal guardian name: _____

Parent or legal guardian signature: _____

The Webster Public School District does not discriminate on the basis of race, color, sex, gender identity, age, religion, national origin, sexual orientation, homelessness or disability.