



## HOPEWELL CITY PUBLIC SCHOOLS MEDIA RELEASE

### Parental Release for Publishing, Interviewing, Photographing, and Videotaping/Audio-recording of Students

I, the undersigned, recognize that as part of the education process there may be times when Hopewell City Public Schools (HCPS), someone properly authorized by the HCPS, such as media representatives, may want to interview, photograph, and/or videotape my child. Consequently, I grant permission to HCPS, and anyone properly authorized by the administration of HCPS to publish, interview, photograph, audio record and/or video tape my child.

This grant of permission means that, in addition to other appropriate uses (which include, but are not limited to, inclusion in or on HCPS publications, promotional materials, advertisements, presentations, programs, and Internet/Intranet sites), information obtained from the student and the student's likeness and name may be used in conjunction with or by any medium including print, electronic, radio and television.

The purpose for which this release may be used and the procedures relating to its use are governed by all pertinent School Division policies, procedures, rules, and regulations.

I have read the above statement and fully understand the meaning. By signing this form I waive any cause of action I may have, or that my child may have, against HCPS pertaining to the reproduction, publication, and/or use of information obtained from my child and/or his/her name or likeness. I acknowledge that I may revoke this release at any time during the school year by mailing or delivering a written notice of revocation to the principal at my child's school.

Name of Student \_\_\_\_\_  
(print)

Homeroom Teacher \_\_\_\_\_ Grade \_\_\_\_\_  
(print)

### Media Release

\_\_\_\_\_ Yes, my child **MAY** participate in media releases as stated above.

\_\_\_\_\_ No, my child **MAY NOT** participate in media releases as stated above.

### Classroom Picture Release

\_\_\_\_\_ Yes, my child **MAY** have his/her picture taken with the Classroom picture.

\_\_\_\_\_ No, my child **MAY NOT** have his/her picture taken with the Classroom picture.

### Yearbook Release

\_\_\_\_\_ Yes, my child **MAY** have his/her picture placed in the yearbook.

\_\_\_\_\_ No, my child **MAY NOT** have his/her picture placed in the yearbook.

Parent's Signature \_\_\_\_\_ DATE \_\_\_\_\_

**\*EVERY STUDENT MUST HAVE THIS FORM ON FILE.**