

PHOTO / PUBLICITY / NAME USE RELEASE FORM for non-SPS Event

Business or organization name:		
Date and name of event:		
Brief description of media opportunity, if for what purposes, and by whom:	including where students' pho	tos / videos / names may be used,
Yes, I give permission to the Some organization to create and use images of and in any form or medium (including b conjunction with any promotion of the e	f my child, along with my chil out not limited to newspaper, in event or issue listed above.	d's name, for any lawful purpose nternet, and television) in
No, I do not give permission for the or organization to photograph, audio tapmedia.		
Name of Student:(Last Name)		(First Name)
Program or School:	Grade:	
Name of Parent /Legal Guardian:	(Last Name)	(First Name)
Address:		
Signature of Parent / Legal Guardian:		
Relationship to Child:	Date:	
[SCHOOL USE ONLY]:		
Date Received by School:	School Staff In	itial: