Nicholas County Schools

MEDIA RELEASE FORM

At times during and after the school day, the news media and/or school personnel may ask to interview and/or photograph students.

Television stations and/or school personnel may request a taping in a successful classroom or an interview with a winning team. A newspaper reporter may ask to interview an academic contest winner or a member of the band, choir, or any other team, organization, or individual.

Pictures and/or information about contest winners, students' work, as well as students' life on campus may be posted throughout the year on the School's and/or District's website.

Indicate whether you agree for your child to be photographed or taped by completing the form below and sending it to your child's homeroom teacher and/or building principal. This form will also serve as permission to post on the Web the information mentioned above. Permission as granted below will remain in effect for your child's enrollment in the District's schools.

NICHOLAS COUNTY SCHOOLS MEDIA REALEASE FORM

| Thereby give permission to the school/news media to photograph/videotape my child | ١. |
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| It is my understanding that this photograph/videotape or portions thereof may be use | d |

for public viewing.

I agree to allow my child to participate in these projects without financial remuneration, and I understand that this releases the school/District from any future claims, as well as from any liability arising from the use of the said photograph/video/videotape.

I grant permission for the school/news to post my child's photograph/videotape/interview on the Internet with NO identification.

I do not grant permission for the school/news media to post my child's photograph/videotape/interview on the Internet without identification.

| I grant permission for my child's work to be displayed on the instructional website (check one): |
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| with his/her first name and grade |
| without his/her first name and grade |
| I grant permission for the school to post my child's first initial and last name on the District's website if in a list to recognize an organization or team. |
| I do not grant permission for the school to post my child's first initial and last name on the District's website if i a list to recognize an organization or team. |
| PLEASE SIGN AND RETURN THIS FORM |
| THANK YOU |
| Name of Child: |
| Address: |
| City, State, ZIP: |
| Signature of Parent/Guardian: |
| Date: |
| |
| Note: At any time during the school year, you may amend this form only for future uses/preferences by notifying the Principal in writing of your request. |