

# Student Media Release Consent Form Page 1

## Background

For educational, instructional, informational or promotional purposes, Greater Saskatoon Catholic Schools occasionally publishes students' names, photographs and academic/extracurricular achievements in a variety of formats within the division. At times, we may also invite the media to school events where your child is a participant.

It is important for us to know your wishes regarding division and media coverage of student achievements and events during the time your child is a student within our school division. Please complete the form below and return it to your child's school. *This consent may be revoked at any time in writing delivered to the school office.*

## Part 1 - Division Coverage & Use of Name by Division

I, \_\_\_\_\_, hereby agree and give permission for Greater Saskatoon Catholic

*(Name of parent/guardian if student is a minor, under the age of 18.  
(Name of student if an adult, 18 years or older.)*

Schools (GSCS) to record, film, photograph, audiotape or videotape my/my child's image, student work, and performance and to display, publish or distribute these works for the purpose of publishing, posting on the GSCS website, posting in schools, posting on social media sites and/or for broadcasting on television or radio as determined by GSCS.

- I DO** give permission for GSCS coverage as indicated above.
- I DO NOT** give permission for the GSCS coverage indicated above.

In addition to using my child's image or student work as indicated above, I give Greater Saskatoon Catholic Schools (GSCS) permission to: (check one)

- Use my child's **FIRST NAME AND FIRST INITIAL OF LAST NAME** in GSCS publications, materials or websites.
- Use my child's **FIRST AND LAST NAMES** in GSCS publications, materials or websites.
- I do not want my child's first or last name in GSCS publications, materials or websites.

## Part 2 - Media Coverage

I understand that external media organizations may attend school events. I give permission for my/my child's name, image, student work, interview and performance to be photographed, filmed, audio-taped or videotaped for the purpose of being published and/or broadcast online, on television or radio. Please note, media coverage does include use of your child's name.

- I DO** give permission for my child to participate in the media coverage indicated above.
- I DO NOT** give permission for my child to participate in the media coverage indicated above.



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I have read this Student Media Release Consent Form and I fully understand the contents and meaning of this release. I understand that I am free to contact the principal with any questions regarding this release.

**Date:** \_\_\_\_\_

**Name of student (please print):** \_\_\_\_\_

**Name of parent or guardian (please print):** \_\_\_\_\_

**Signature of parent or guardian:** \_\_\_\_\_

**\*Signature of student (if 18 years or older):** \_\_\_\_\_

***\*Students 18 years of age or older do not require a parental signature.***