



STUDENT MEDIA RELEASE



PLEASE PRINT ALL INFORMATION

To the parent or guardian of: _____
(Print Student's Name)

On occasion, Detroit Public Schools Community District-approved non-commercial video, photographic and/or audio production crews may be present at the school or at a Detroit Public Schools Community District-sanctioned activity your child attends, in order to highlight the activity, school, student or the District in the interest of promoting public education. If you consent to your child's participation in the video/photographic/audio, productions/interviews/activities that may take place, please sign below after reading the following.

I, _____, am the parent/guardian of the above-named student.
(Print Parent/Guardian Name)

In the interest of public education, I hereby authorize the Detroit Public Schools Community District, its Board of Education, and the non-commercial production crews, acting through their authorized employees or agents, to use, publish, and copyright audio and/or visual reproductions of the above-named student's voice and/or image, alone or with other persons, with or without the use of the student's name for the sole use in the interest of public education connected with a DPSCD authorized project.

This release is in effect in perpetuity from the date _____
(Print Student's Name)

becomes a student of _____ until the date his/her
(Print School Name)

status at DPSCD or at the school as a student terminates. I hereby release and hold the Detroit Public Schools Community District harmless from any liability, any and all injuries, claims, damages or costs arising from the use of images or recordings of any type and waive any request for remuneration.

Parent/Guardian Signature

Date

Address, City, Zip

KEEP THE COMPLETED FORM AT YOUR SCHOOL.

Office of Communications & Marketing
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