

Media Release

Name of Student	
Name of School	
School Year	

This is to certify that I give permission to photograph and/or videotape my student for use on [the school's] website, in various school publications, and in printed media. I understand that all rights, title, and interest in the photography for said media outlets belong to [the school] and that I will receive no financial compensation for the use of these pictures and/or videotape. I further understand that [the school] may edit, copy, alter, or revise the photographs and/or videotape for use in its media outlets and that [the school] will retain control over the use and distribution of the photographs and/or videotape. I have read this form and I understand its meaning.

Signature of student's legal guardian or representative



Northern California Conference Office of Education PO Box 23165 Pleasant Hill, CA 94523
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