

## Media Release

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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 their website, other school-approved online promotions and in various school publications and 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 their media outlets and that they will retain control over the use and distribution of the photographs and/or videotape. I have read this form and I understand its meaning.

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*Signature of Student's Legal Guardian or Representative*



Northern California  
Conference  
Office of Education  
PO Box 23165  
Pleasant Hill, CA 94523  
925.685.4300  
925.686.2014 (FAX)