**MEDIA CONSENT FORM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ grant permission to Wesley College Preparatory School (WCPS), to use my child’s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ image (photograph and/or video) for use in Media publications for the school including:

□ Videos □ Email Blasts □ Recruiting Brochures

* Websites and/or Affiliates □ General Publications □ Newsletters
* Magazines □ Yearbooks □ Flyers

Please initial the paragraph below which is applicable to your present situation:

\_\_\_\_\_ I am the parent or legal guardian of the above-named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release.

\_\_\_\_\_ I am 20 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release.

Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(must sign if child is under 20 years of age)*