

ALANSON PUBLIC SCHOOLS

MEDIA RELEASE

I understand that:

1. I give permission for my child to be videotaped and photographed for educational purposes.
2. Newspaper photographers may ask to take pictures of student activities. I give permission for my child to appear and to be named in the newspaper photographs.
3. There are times during the school year when parent volunteers may require a class list of student name, phone number and/or address for various reasons such as, classroom events, birthday parties, etc. I give permission for my child's name, phone number, and/or address to be distributed on a classroom list.
4. Unless I revoke my permission in writing, Alanson Public Schools has permission for all of the above activities for the period of time my child is enrolled in this school district.
5. I give permission to Alanson Public Schools to release information provided by me regarding my future plans, graduation information and grade point average.

The undersigned understands and agrees not to hold Alanson Public Schools nor any of its employees or volunteers responsible for occurrences other than those caused by gross negligence of the school district, its employees, or its volunteers, or as otherwise provided by law.

Student's Name _____

Student Signature _____

Parent/Guardian Signature _____

Date _____