MEDIA RELEASE

I,_____, hereby give my consent and authorization for my child to be photographed, videotaped, or audiotape by the staff of Madera Unified School District or its agents.

As the custodial parent or legal guardian, I hereby give my consent and authorization for Madera Unified School District or its agents for the taking of photographs, videotapes, or audiotapes of the minor child:_____ _____.

By signing this agreement, I hereby waive any proprietary rights to this material and authorize any subsequent use thereof, including its release and showing to the general public in newspaper, on television, in clinical training or by any other means selected by Madera Unified School District or its agents for publicity, educational, or promotional purposes.

Name (Please Print):_____
First Middle Initial Last

Street Address:_____

City/State/Zip:_____

Home Phone:_____Work Phone:_____

_____ _____
Signature (Parent/Guardian) Date