



# Media Release Consent Form

Prepared for Strong Classroom, LLC

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

Parent/Guardian Name: \_\_\_\_\_

## Purpose of Consent

Strong Classroom is requesting permission to photograph, video record, and/or audio record your child during classroom/organizational activities for promotional, educational, or informational purposes.

These materials may be used in:

- Newsletters, brochures, and printed publications
- School websites and social media platforms
- Local or national media coverage
- Educational presentations and public displays

## Consent Agreement

Please check one:

☐ **Yes**, I give permission for the school/organization to photograph, video, and/or audio record the above-named individual and to use these materials for the purposes described above.

☐ **Yes**, I give permission for the school/organization to photograph, video, and/or audio record the above-named individual only for the purpose of educational and behavioral purposes..

☐ **No**, I do not give permission for media usage.

By signing below, I understand that:

- The materials may be used without further notice or compensation.
- The student/participant's full name **will not** be published without additional specific permission.
- I may withdraw consent at any time by contacting the school/organization in writing.

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

Date: \_\_\_\_\_

Contact Information: Phone: \_\_\_\_\_ Email: \_\_\_\_\_