Wilmore Foundations Academy

Student Media Release Form

Student Name: _____

Parent/Guardian Name: _____

Consent and Release
I, the undersigned, hereby grant permission to Wilmore Foundations Academy and its representatives to photograph, videotape, and/or record my child's image, likeness, voice, or any other form of representation during co-op activities. I understand that these materials are the property of WFA and may be used at their discretion.

I waive any rights to inspect or approve the finished media and release Wilmore Foundations Academy from any claims arising from the use of these materials.

I understand that I have the right to revoke this consent at any time by providing written notice to Wilmore Foundations Academy. Revocation will not apply to materials already in use.

Please check one:

□ I give permission for my child's image and/or likeness to be taken and used as described above.

□ I give permission for my child's image and/or likeness to be taken and used **only for use in class dojo** (this is for parent communication only).

□ I do not give permission for my child's image and likeness to be used.

Signature: _____

Printed Name: _____

Date: _____

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