

Media Release Form

(This form is intended for students UNDER the age of 21)



I, the undersigned parent/guardian of _____,
(Name of Student)

a student at Southern Westchester BOCES, hereby give my permission for my child's photograph or video recording and name to appear on all SWBOCES websites, in the SWBOCES newsletter and calendar, social media networks (e.g. Facebook, Twitter, Instagram or YouTube), SWBOCES brochures and/or other publications, school yearbook, local news media, video recordings of student activities during the school day and outside school hours, which may be broadcast on local radio and/or television on a non-paid basis. I understand that my child's name may or may not be mentioned and my child's voice, likeness, statements, actions or other information may be used in such recordings. The same applies to interviews conducted for broadcast by local television or radio media. Photos and video images published on SWBOCES' digital platforms under this permission shall be removed upon my written request.

I release SWBOCES, its officers, employees and agents, from any and all claims, demands, actions, causes of action, suits, damages and judgments as a result of the use of the above information about my child in the publications and/or media broadcasts described above.

I am over the age of 18, have read the above information, I understand the conditions of the above agreement and will be bound by its terms on behalf of my child.

Please print your name here _____ and sign below:

Signature of Parent/Guardian _____ Date _____

Your Relationship to Student _____

Student's Home School _____ Grade _____ CSS Teacher _____

If you do not wish to have this information used by SWBOCES in the manner described above, please complete this section:

I, the undersigned parent/guardian of _____,
(Name of Student)

DO NOT WANT the types of information described above regarding my child given to local newspapers, used in SWBOCES publications, the SWBOCES web site, social media networks, the yearbook, or by local television and/or radio stations. Photos and video images published on SWBOCES' digital platforms under prior permission shall be removed upon my written request.

Please print your name here _____ and sign below:

Signature of Parent/Guardian _____ Date _____

Your Relationship to Student _____

Student's Home School _____ Grade _____ CSS Teacher _____

PLEASE RETURN THIS FORM TO YOUR CLASSROOM TEACHER

Southern Westchester BOCES
Center for Special Services
914-948-7271
specialservices.swboces.org