



School: _____

Media Release

I agree and give my consent that the Gramon Family of Schools, may use any videotape, photograph or sound recordings of my child that may be taken during the current school year. This consent is given without limitations and with the knowledge that these photographs and videos may appear, in the school's marketing publications (yearbook, end of the year celebrations, school website, school social media etc...) and/or in school literature (brochures, flyers, pamphlets), that may be distributed beyond the immediate school community.

I do not give consent.

I do consent

Current School Year: ____ - ____

Class: _____

Name of Student : *(Please print)* _____

If under the age of 18 name of parent or guardian: _____

Signature: _____ Date: _____

*Please return to the Front Office.