



Clayton Ridge CSD Parent / Guardian Consent Form Media Release

I hereby give my consent to all photographs, video recordings, academic work, audio recordings taken of my child by Clayton Ridge CSD staff or their designee. I understand that any such photographs, audio recordings, video recordings, and academic work become the property of the local school or district and may be used by the school, district or others with their consent, for educational, instructional, or promotional purposes determined by the district in broadcast and electronic media formats – ie...school web sites, newsletters, or other methods.

(Please indicate student name(s))

_____ Yes I give my consent.

_____ No, I do not give my consent.

_____ Other: Please comment: _____

Parent signature: _____ Date: _____



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