



# Student Media Release Consent Form

## School Year 2018-2019

*Please ensure that one box is checked for Part 1 and one box is checked for Part 2*

### Part 1: Photo/Video/Audio/Works (PVAW)

I, \_\_\_\_\_, hereby agree and give my permission for the  
(Name of parent/guardian if student is a minor. Name of student if an adult, 18 years of age or older.)

Lester B. Pearson School Board and/or its schools/centres, to record (audio/video), copy, film or photograph my/my child's name, image, student work, and performance (**hereinafter collectively referred to as "Works"**) and to distribute these Works for the purpose of publishing, posting on LBPSB/school/centre websites, posting in schools/centres, posting on LBPSB/school/centre social media/blog sites and/or for broadcasting on television or radio as determined by the Lester B. Pearson School Board and its schools/centres.

I hereby waive any right to approve the use of these Works now or in the future, whether the use is known to me or unknown, and I waive any right to claim royalties from the Lester B. Pearson School Board related to the use of these Works. I understand that the Works may appear in electronic form on the Internet or in other publications outside of the LBPSB's control. I agree that I will not hold the Lester B. Pearson School Board responsible for such unauthorized reproduction.

Please mark this box if you **AGREE** that your/your child's Works may be published/posted/viewed by the Lester B. Pearson School Board and/or its schools/centres.

Please mark this box if you **DO NOT WISH** your/your child's Works to be published/posted/viewed by the Lester B. Pearson School Board and/or its schools/centres.

### Part 2: Media Outlets

I also understand that external media organizations may attend LBPSB/school/centre events. I give permission for my/my child's name, image, student work, and performance to be recorded (audio/video), copied, filmed or photographed for the purpose of being published and/or broadcast on-line, on television or radio.

Please mark this box if you **AGREE** that your/your child's Works may be published or broadcast by organizations external to the Lester B. Pearson School Board.

Please mark this box if you **DO NOT WISH** your/your child's Works to be published or broadcast by organizations external to the Lester B. Pearson School Board.

I have read this Media Release Consent Form and I fully understand the contents and meaning of this release.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Student's Signature (If of age:) \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Parent's/Guardian's Signature (If student is a minor): \_\_\_\_\_

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