



# Consent & Authorization for Media Purposes

## ITHACA CITY SCHOOL DISTRICT

400 Lake Street • P.O. Box 549 • Ithaca, New York • 14851-0549

### Student Information

Student \_\_\_\_\_ Birth Date \_\_\_\_\_  
*Last First MI*

Address \_\_\_\_\_  
*Street City State Zip Code*

### Consent & Authorization

Engaged students are successful students. Critical to our mission is the ability to communicate, through media outlets, the excellence that occurs in the Ithaca City School District (the “District”) every day.

Please indicate your consent and authorization below:

- I give the District and its schools permission to take photographs of my child and/or to record brief audio, video and/or digital footage of my child in programs and activities sponsored by the District and to disclose such photographs, audio or video footage to third parties for the purposes of highlighting my child’s success and/or engagement in District-sponsored activities.
  
- I **do not** give the District and its schools permission to take photographs of my child and/or to record brief audio, video and/or digital footage of my child in programs and activities sponsored by the District and to disclose such photographs, audio or video footage to third parties for the purposes of highlighting my child’s success and/or engagement in District-sponsored activities.

*This Consent and Authorization shall be interpreted to meet the requirements of the New York Civil Rights Law for the use of my child and their likeness. I hereby release and discharge the district and its officers, employees, agents, representatives, and students from all claims and liability arising out of or in connection with the activities I have authorized above, including but not limited to any claims for defamation, invasion of privacy, right of publicity, or any similar causes of action.*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Signature of Parent/Legal Guardian Date*

\_\_\_\_\_  
*Name of Parent/Legal Guardian*