



Student Media Release

I, _____, hereby give

*(Name of parent/guardian if student is a minor, under 18 years of age.
Name of student if an adult, 18 years of age or older.)*

consent to my child/my being, filmed, interviewed, photographed or have audio or video recordings made of my child/me by the media (print, broadcast and on-line), and employees, agents or servants of the Toronto District School Board for the 2009-2010 school year. I understand that the text or image(s) may appear in electronic form on the internet or in other publications outside of the Board's control. I agree that I will not hold the TDSB responsible for any harm that may arise from such unauthorized reproduction.

Name of Student: _____

Home Telephone Number: _____

Name of School: **CENTRAL TECHNICAL SCHOOL**

*(Signature of parent/guardian if student is under 18 years of age.
Signature of student if an adult, 18 years of age or older.)*

(Date)