



Student Media Release Consent Form

Form 529B
Revised Jun 15, 2010

Please ensure one box is checked for Part 1 and one box is checked for Part 2 of this form.

Part 1– Events

I, _____, hereby agree and give my permission for the Toronto District School Board and/or partners to record, film, photograph, audiotape or videotape my/my child’s name, image, student work, and performance (hereinafter collectively referred to as “Works”) and to display, publish or distribute these Works for the purpose of publishing, posting on the TDSB website, posting in schools, posting on social media sites and/or for broadcasting on television or radio as determined by the TDSB.
*(Name of parent/guardian if student is a minor, under the age of 18.
Name of student if an adult, 18 years of age or older.)*

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 any royalties 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 TDSB’s control. I agree that I will not hold the TDSB responsible for any harm that may arise from such unauthorized reproduction.

Please mark this box if you **AGREE** that your child may participate in recorded TDSB/school events and TDSB hosted events as described above. (See Part 2 below)

Please mark this box if you **DO NOT WISH** your child to participate in recorded TDSB/school events and TDSB hosted events.

Part 2 – Media Specific

I also understand that external media organizations may attend school events. I give permission for my/my child’s name, image, student work, and performance to be photographed, filmed, audio-taped or videotaped for the purpose of being published and/or broadcast on-line, on television or radio.

Please mark this box if you **AGREE** that your child may participate in media events that may be published or broadcast by organizations external to the Toronto District School Board.

Please mark this box if you **DO NOT WISH** your child to be photographed, filmed, audio-taped or videotaped at media events.

I have read this Student Media Release Consent Form and I fully understand the contents and meaning of this release. I understand that I am free to contact the Principal with any questions regarding this release.

Student’s Name: _____ Grade: _____

School: _____

Student’s Signature (If 18 years of age or older) _____

Parent’s/Guardian’s Name: _____

Parent’s/Guardian’s Signature (If student is a minor – under the age of 18): _____

Date: _____