

CAPSTONE MEDIA RELEASE FORM

I,th	the parent/legal guardian of (print student name)					
	grant the Euclid City School District as well as the					
Capstone Worksite (worksite name)	permission to use my					
child's name, visual images, artwork	and/or comments in all Euclid City School District and/or					
Capstone Worksite publicity material	s. In granting permission, I understand that the images and					
comments may appear in a variety of	forms, including, but not limited to magazines, newspapers,					
books, brochures, newsletters, televis	ion, videotape, advertisements, photographs, websites, and					
media sources. I agree that the use of	my child's visual images and/or reproduced artwork shall					
become the exclusive property of the	Euclid City School District and/or Capstone Worksite, and					
I waive all rights thereto. I waive all I	rights to inspect and/or approve copy or voice-over					
commentary that may be used in conj	unction with the visual images and the uses to which they					
may be applied. I also understand that	at my child may be photographed by the news media in the					
performance of their capstone project	duties at the capstone worksite.					
Parents Name Printed:						
Parent's Signature:						
Students Name Printed:						
Student's Signature						
Canstone Worksite Name (Printed):						

 \sim Please return the completed Media Release Form to your child's teacher \sim

THIS AGREEMENT SHALL REMAIN IN EFFECT FOR THE 2018-2019 SCHOOL YEAR AND CONTINUE ON UNTIL STUDENT'S GRADUATION.