CAPSTONE MEDIA RELEASE FORM

I, ___________________________ 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 materials. 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, television, 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 rights to inspect and/or approve copy or voice-over commentary that may be used in conjunction with the visual images and the uses to which they may be applied. I also understand that 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 ________________________________________________________

Capstone Worksite Name (Printed): __________________________________________

~ Please return the completed Media Release Form to your child’s teacher ~

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