Parent/Guardian Consent for Release of Student Photos/Images for Publicity/Public Relations Materials and or Social Media Material.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the parent/guardian of the above-named student, give permission for Mackinac Communities That Care to publish the student’s name and his/her image(s) (still photograph, digital image or video) on the coalition’s social media sites and public relations materials. I understand that it is for the purpose of providing prevention awareness and education and/or general information to the public. I understand that my refusal to sign this consent form will result in the student’s name and image(s) being excluded from the website or publicity and public relations materials. I also understand that no monetary consideration shall be paid to the student or me in connection with such publications. This permission and release is valid until I revoke this consent in writing. I understand that I may revoke this consent in writing at any time prior to publication. However, I further understand that once publication occurs, I waive the right to revoke my consent to publish the student’s name and images(s) on the current or future website and in publicity and public relations materials of the Mackinac Communities That Care Coalition.

Parent/Guardian Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_