

MEDIA RELEASE:

CONSENT TO PHOTOGRAPH, FILM, VIDEOTAPE, PUBLISH OR REPRODUCE IMAGES OF A STUDENT FOR TRAFTON ACADEMY.

Student Name: _____

Grade for the 2024-2025 school year:

I hereby consent to the participation in interviews, the use of quotes, photographs, movies, or video of the student named above by Trafton Academy.

I also grant to Trafton Academy the right to edit, use, and reuse said products for purposes including use in print, internet, and other forms of media. I also hereby release Trafton Academy and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian:	Date:
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Email:	Phone: