

COLLIER SCHOOL

160 Conover Road, Wickatunk, NJ 07765

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www.collierschool.org

MEDIA RELEASE

Students Name: _____

Home District: _____

_____ I hereby give permission to Collier Youth Services to use my child’s name, photograph or other likeness in brochures, television programs, newspaper articles, audio/visual materials or other similar public relations or promotional efforts conducted by or on behalf of Collier Youth Services. In giving my permission, I agree that neither my child nor I will be compensated for the use of this material.

_____ I DO NOT release the use of my child’s name, photograph or likeness to Collier Youth Services.

Legal Guardian’s Signature: _____

Date: _____

You may rescind your permission at any time by sending written notification to Collier Youth Services. Upon receipt of your notification, your child’s name, photograph or likeness will not be used in any new public relation or promotional materials.

Legal Guardian’s Signature: _____

Date: _____