

STUDENT NAME \_\_\_\_\_ HOMECOURT \_\_\_\_\_

**STUDENT MEDIA CONSENT FORM AND RELEASE**

School \_\_\_\_\_

Date \_\_\_\_\_

Board of Education  
City of Chicago  
125 South Clark Street  
Chicago, Illinois 60603

I hereby consent to have my \_\_\_\_\_

(Relation and Full Name)

photographed, video taped, audio taped and/or interviewed by the Board of Education of the City of Chicago (the "Board") or the news media on the school premises when school is in session or when my child is under the supervision of the Board. Additionally, I hereby give the Board consent to use creative work(s) generated and/or authored by my child on the Internet, or on an educational CD, or any other electronic/digital media. I understand that my child will be identified by first name only, for confidentiality purposes, as the author of said work.

I also consent to the Board's use of my child's photograph or likeness or voice on the Internet or on an educational CD, or any other electronic/digital media. As the child's parent or legal guardian, I agree to release and hold harmless the Board of Education of the City of Chicago, its members, trustees, agents, officers, contractors, volunteers and employees from and against any and all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use of my child's creative work(s), photograph, likeness or voice on television, radio or motion pictures, or in the print medium, or on the Internet or any other electronic/digital medium.

It is further understood and I do agree that no monies or other consideration in any form, including reimbursement for any expenses incurred by me or my child, will become due to me, my child, our heirs, agents, or assigns at any time because of my child's participation in any of the above activities or the above-described use of my child's creative work(s), photograph, likeness or voice.

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

**FORM: 10**  
TO BE SIGNED AND RETURNED BY ALL  
FRESHMEN AND TRANSFER STUDENTS

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Principal's Signature