

The Galloway School Media Release Form

The Galloway School requests your permission to reproduce through printed, audio visual, or electronic means activities in which your child will/has participated in during school activities.

Your authorization will enable us to share activities and events that your children participate in here at Galloway. These activities and events may include the use of mass media, displays, brochures, websites, etc.

Name of Student (please print) _____

Date of Birth _____

Grade Level _____ Homeroom teacher _____

Parent/Guardian Name (please print) _____

As a parent or guardian, of the above-named student, I fully authorize and grant The Galloway School and its authorized representatives, the right to share images of my child, in mass media, displays, brochures, websites, etc. **In the case of website or brochure photos, no names will be published with the photographs.**

I hereby release and hold harmless The Galloway School and/or its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney's fees brought by the student and/or parent or guardian which relate to or arise out of any use of this material.

My signature shows that I have read and understand the release and I agree to accept its provisions.

Parent Signature _____

Date Signed _____

Address _____

City _____ Zip _____

Parent's phone number _____

Circle applicable one:

Cell Home Work

Granting of permission is voluntary. **Please return this completed form to your child's homeroom teacher.**