

**PARENTAL PERMISSION TO PERMIT MEDIA PHOTOGRAPHING AND/OR VIDEOTAPING OF A
STUDENT BY LOCAL NEWSPAPERS AND/OR TELEVISION STATIONS DURING A BOARD
APPROVED SCHOOL PROGRAMS DURING THE 2009-2010 SCHOOL YEAR**

PLEASE CHECK ONE OF THE FOLLOWING:

_____ I **DO** give irrevocable permission to the Sayreville Board of Education to allow the photographing and/or videotaping of my child, _____, by local newspapers and/or television stations during any Board of Education approved Sayreville Public School district activity or program during the 2009-2010 school year. This includes the recording of my child's likeness, name and/or voice through photographs, videotapes, films and/or sound recordings (collectively hereinafter "likeness") as my child participates in an approved Sayreville Public School program. I further grant the local newspapers and/or television stations permission to edit my child's likeness and to use or authorize the use of such likeness in any manner and at any time or times for the purpose of depicting a school program/activity . I hereby release approved newspapers and/or television stations and the Sayreville Board of Education and anyone using said likeness and materials from any and all claims, damages, liabilities, cost and expenses which I now have or may have hereafter by reason of any use thereof.

_____ I **DO NOT** give permission to the Sayreville Board of Education to allow any local newspapers and/or televisions to photograph, videotape or speak to my child during the 2009-2010 school year.

Print Student's Name: _____

School: _____ Grade: _____ HR Teacher: _____

Parent's/Guardian's Signature: _____