

NETOLE MEDIA RELEASE

I hereby give my consent to allow photographs, audio recordings, and/or video recordings of my minor child by NETOLE or their designee.

I understand that these photographs, audio recordings, and/or video recordings are the property of NETOLE and may be used by NETOLE (or others with NETOLE's consent) for educational, instructional, or promotional purposes determined by NETOLE in broadcast and electronic media formats now existing or created in the future.

Please check one of the options below, complete all information and sign.

Yes, I give my consent.

No, I do not give my consent.

Teacher's Name: _____

School Name/District: _____

Student's Name: _____

(please print)

Parent/Guardian Name: _____

(please print)

Parent/Guardian Signature: _____

(parent/guardian signature)

Date: _____ / _____ / _____

Mailing Address: _____

Telephone: _____ **circle one:** *home / cell / work*

Email Address: _____