



**OFFICE OF THE SUPERINTENDENT  
HARRISON PUBLIC SCHOOLS  
501 HAMILTON STREET  
HARRISON, NEW JERSEY 07029  
Tel. (973) 483-4627 Fax (973) 483-7484**

**2017-2018 MEDIA RELEASE AND CONSENT  
FOR STUDENT PUBLICITY**

Throughout the school year, the Harrison Public School District will have many opportunities to celebrate and publicize the activities and accomplishments of its students. By granting permission for your child to participate in publicity opportunities, you acknowledge that you understand and consent to the following terms:

- Your child, the child's name, or the child's work product may be depicted in photographs, video recordings, audio recordings, quotations, and other representations that are created, published, distributed, released, or used in promotional, instructional or educational publications, posters, brochures, pamphlets, newsletters, newspapers, yearbooks, web sites, social media sites, or radio or television broadcasts that are published in print or on-line by the school, the District, or another media source;
- The District is under no obligation to create, control, and/or use these depictions in any way;
- Any and all interests that might be claimed in these depictions by you, your child, or any agent, heir, assign, or third party are forfeited and relinquished permanently to the District;
- You expressly agree to release, hold harmless, and indemnify the District and its employees, officers, agents, and representatives against all known and unknown claims of liability that could arise in connection with this consent form or any publicity opportunity; and
- The District does not guarantee that publicity opportunities will be made available to your child.

Any publicity received by your child shall be full and adequate consideration for this consent. You may revoke this consent at any time by providing written notice to the school.

Please sign and return this form to the school after indicating your preference below:

**I CONSENT** to the terms above and grant my child permission to participate in all publicity opportunities during the school year unless and until this consent is revoked in writing.

**I DO NOT CONSENT** and would prefer the District exclude my child from publicity opportunities that are made available to other students.

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date