# Media Release Form

Skyline Robotics Club

Skyline Robotics club would like to take photographs, videos, or other media recordings of club members so we can use them in our website, media releases, or other documents. We require signatures from both a parent or guardian and the student before we can do so.

If you sign this form, you agree that we can:

* Take photographs, videos, or other digital recordings of your student
* Use these in our website, published documents, or other forms of digital or printed media
* Use your student’s name

Skyline Robotics Club is not responsible for any expense or liability incurred as a result of my participation in this recording.

If you chose to opt out, please check the appropriate line below.

\_\_\_ I **DO** give permission for Skyline Robotics Club to take media recordings of my student

\_\_\_ I **DO NOT** give permission

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_