



Canton City School District
Student, Family and Community Support

**MEDIA/APPEARANCE
RELEASE FORM**

For Parent or Guardian Signing on Child's Behalf:

I, _____ the parent/guardian of _____

Please check one: ☐ **DO**
☐ **DO NOT**

By signature below I give my permission for the filming, photographing, interviewing, television or radio broadcasting, recording, or printing made of me on this date for the Canton City School District. Furthermore, I assign all rights to the **Canton City School District** and authorize the reproduction, broadcast, cablecast, sale, copyright, exhibition, and/or distribution of said recordings and or prints without limitation.

Signed: _____ Grade: _____

Date: _____

For Adult (A student must be at least 18 years old to sign for him/herself):

I, _____ by signature - give my permission for the filming, photographing, interviewing, television or radio broadcasting, recording, or printing made of me on this date for the Canton City School District. Furthermore, I assign all rights to the **Canton City School District** and authorize the reproduction, broadcast, cablecast, sale, copyright, exhibition, and/or distribution of said recordings and or prints without limitation.

Signed: _____ Grade: _____

Date: _____