

**MEDIA RELEASE
FORM**

I hereby give my consent to all photographs, audio recordings, academic work, and/or video recordings taken of my minor child _____ by Guru Academy staff or their designee.
(Child's name)

I understand that any such photographs, audio recordings, academic work, and/or video recordings become the property of Guru Academy and may be used by Guru Academy with consent, for educational, instructional, or promotional purposes in broadcast and electronic media formats now existing or in the future created.

(Please check one of the options below.)

_____ Yes, I give my consent.

_____ No, I do not give my consent

Parent/Guardian Signature

Date