

# Eagle River Open Optional

## Media & Contact Info Release

We need parent permission to use your student's photograph, voice, and/or name and contact info in various projects. Please read the following, then date and sign where indicated. Thank you!

Yes - I consent. I grant permission to the EAGLE RIVER OPEN OPTIONAL program for my child to participate and appear in video or audio recordings, films, photographs, written articles, in print or on the Eagle River Open Optional website and social media pages and representations of our program available to the public. In consideration of the opportunity for my child to participate, I release the Eagle River Open Optional program, to include teachers and volunteers, from all claims resulting from the use of my child(ren)'s image, voice or name.

No - I DO NOT consent to use of my child's photograph, voice and/or name in various projects.

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We are working to put together a directory of all of the families currently in the optional program, to include students' names, parents' names, and email and phone contact info. This will be sent home in print and via email.

Yes - Please include my family's info in the directory. If your family is new to the program or has left and returned, and you have not yet submitted contact info via the website, please do so here:

Student(s): \_\_\_\_\_

Guardian 1: Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Guardian 2: Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

No - Please DO NOT include my family's info in the directory.

Your selections remain valid for all projects occurring during the school year in which this form is signed. You may change your selection at any time by emailing [contact@eagleriveroptional.org](mailto:contact@eagleriveroptional.org)

Date: \_\_\_\_\_ (day, month, year)

Student(s) name(s): \_\_\_\_\_

Parent or legal guardian signature is required if the participant is under 18 years of age.

Parent or legal guardian name: \_\_\_\_\_

Parent or legal guardian signature: \_\_\_\_\_