



**Washington Center for Deaf and Hard of Hearing Youth
Media Release Form**

Photo/Video Release Permission:

As a parent or guardian of this student, I hereby consent to the use of photographs/video taken for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

YES, I give consent for the Washington Center for Deaf and Hard of Hearing Youth to photograph/video my child for school purposes and/or school events.

NO, I do NOT authorized the Washington Center for Deaf and Hard of Hearing Youth to photograph/video my child for any event.

Parent/Guardian Signature: _____

Date: _____
