Media Release

I, _____ (parent/guardian's name), authorize the Central Susquehanna Intermediate Unit (CSIU) Board of Directors and staff to photograph, videotape, and record audio of my child, _____ (student's name), while they participate in the CSIU-sponsored event, _____. I permit the use of my child's images and audio/video recordings, including their identification by name, for publication purposes.

By signing below, I understand that these images, videos, and audio recordings may be used in various forms of publication, including but not limited to news media outlets, such as television and radio, the CSIU website, social media platforms, publications, web-based streaming, and presentations.

I acknowledge that granting permission is voluntary, and my child will still be able to fully participate in the event regardless of my decision.

Furthermore, I understand that I retain the right to revoke this permission at any time. To do so, I will notify Dr. Anthony Serafini, CSIU's administration, in writing at aserafini@csiu.org, specifying the withdrawal of consent for the use of my child's image and audio recordings in future publications.

_____ _____

Participant's Name (please print) Date

_____ _____

School District

_____

Participant's Signature

_____

Parent's Name

_____

Parent's Signature

Please return this form to the event coordinator prior to the start of the event.