

## ELLERTON PRIMARY SCHOOL - MEDIA RELEASE FORM

I, \_\_\_\_\_, (Parent full name) hereby grant permission to the rights of photographic (sports, event photo's etc.) materials of \_\_\_\_\_ (Learner full name) that may be used for the following purposes:

- School Social Media
- School Website
- School Communicator

By signing this release I understand this permission signifies that photographs may be electronically displayed via the Internet (through the abovementioned portals) or in the public educational setting

I will be consulted about the use of the photographic materials for any purpose other than those listed above.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

**Learner's Name and Surname:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Parent Name and Surname:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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