

5407 Peters Creek Road Roanoke, VA 24019 (540) 366-3629

North Star Child Care Student Media Consent and Release Form

I, as the parent or guardian of _____

hereby give North Star Child Care employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any electronic, digital, and printed media.

This is with the understanding that neither North Star Child Care nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also aware that I will not receive monetary compensation for my child's participation.

I further release and relieve North Star Child Care, its employees, and any other representatives from any liabilities, known or unknown, arising out of the use of this material.

Signature of Parent or guardian

Date

Printed name of parent or guardian