

**PARENTAL PERMISSION TO PERMIT MEDIA PHOTOGRAPHING AND/OR  
VIDEOTAPING OF A STUDENT BY LOCAL NEWSPAPERS AND/OR TELEVISION  
STATIONS DURING A BOARD APPROVED SCHOOL PROGRAMS DURING THE 2009-  
2010 SCHOOL YEAR**

**PLEASE CHECK ONE OF THE FOLLOWING:**

\_\_\_ I **DO** give irrevocable permission to the Sayreville Board of Education to allow the  
photographing and/or videotaping of my child,  
\_\_\_\_\_,  
by local newspapers and/or television stations during any Board of Education approved  
Sayreville Public School district activity or program during the 2009-2010 school year. This  
includes the recording of my child's likeness, name and/or voice through photographs,  
videotapes, films and/or sound recordings (collectively hereinafter "likeness") as my child  
participates in an approved Sayreville Public School program. I further grant the local  
newspapers and/or television stations permission to edit my child's likeness and to use or  
authorize the use of such likeness in any manner and at any time or times for the purpose  
of depicting a school program/activity . I hereby release approved newspapers and/or  
television stations and the Sayreville Board of Education and anyone using said likeness  
and materials from any and all claims, damages, liabilities, cost and expenses which I now  
have or may have hereafter by reason of any use thereof.

\_\_\_ I **DO NOT** give permission to the Sayreville Board of Education to allow any local  
newspapers and/or televisions to photograph, videotape or speak to my child during the

2009-2010 school year.

Print Student's Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ HR Teacher:

\_\_\_\_\_

Parent's/Guardian's Signature:

\_\_\_\_\_