



Media Release Form

We require parent permission to use a student's photograph, voice, and/or name in various media projects. Please read the following, then date and sign where indicated. Thank you in advance.

Date: _____
(day, month, year)

Student Name: _____
(as shown on all legal documents)

Parent/Guardian's Name: _____

Home Address: _____

Yes, I consent. I grant permission for my child to participate and appear in video or audio recordings, films, photographs, written articles, or on websites and social media sites. This consent includes the use and editing of my child's image, voice and name in media projects by Somersfield Academy to print, broadcast or internet media outlets, such as newspapers, online photo gallery, radio and television stations and news websites. In consideration of the opportunity for my child to participate, I release Somersfield Academy, including its employees and contractors from all claims resulting from the use and editing of my child's image, voice or name, and the use, sale, editing and release to media outlets.

No, I do not consent to the use of my child's photograph, voice, and/or name in various media projects.

Your selection remains valid for all media projects occurring during the enrollment period for your student. You may change your selection at any time by completing a new form at Somersfield Academy.

Please make a copy of this form for your own records and email/scan signed original to:

Somersfield Academy Admissions Director

Mrs. Alison Kempe
107 Middle Road
T: 441-239-3345
E: alisonkempe@somersfield.bm