



**MILWAUKEE
PUBLIC SCHOOLS**

STATEMENT OF PERMISSION AND RELEASE OF LIABILITY FORM

Child's Name (Please Print)		Home Phone Number	
Street Address	City	State	Zip Code
Golda Meir School			
School Name	Grade Level	Age	

PERMISSION

I understand, as parent/legal guardian of the above-named child, that there are times when the local news media, national news media and/or nonprofit organizations partnering with Milwaukee Public Schools request the opportunity to videotape, take photographs and/or interview children within the Milwaukee Public Schools. By signing this, I understand that and give permission for MPS to allow this with respect to my child.

RELEASE

I also understand that by signing this release I give permission to the Milwaukee Public Schools to make or use pictures, slides, digital images, or other reproductions of me, of my minor child or of materials owned by me or my child, and to put the finished pictures, slides, or images to use without compensation in broadcast productions, publications, on the Web, or other printed or electronic materials related to the role and function of the Milwaukee Public Schools

I understand that by signing this, I am, on behalf of myself and my child, releasing MPS and its directors, officers, employees and agents, from any future claims as well as from any liability arising from the use of any photograph or other images.

This form shall be valid for the entire 2016-17 school year and can be revoked by the parent/legal guardian at any time in writing.

- Yes, I give this permission to MPS.

- No, I do not give this permission to MPS.

Parent/Legal Guardian Signature	Date
---------------------------------	------