

Detroit Public Schools Office of Communications 313-873-4542 Student Publicity Release

PLEASE PRINT ALL INFORMATION

SCHOOLS	To the parent or guar		t's nama)	
		(Student	t's name)	
On occasion, the commercial media or other approved video, photographic and/or audi			and/or audio production crews	
may be presen	t at school or at a Detroi	it Public Schools sanctioned activity yo	our child attends. If you	
approve of you	ur child's participation in	the video/photographic/audio, produ	ctions/interviews/activities	
that may take	place, please sign below	after reading the following.		
1	(Print parent/gu		uardian of the above-named	
student In the		ation, I hereby authorize the Detroit Po	ublic Schools, its Board of	
		non-commercial production crews, act		
	_	etion, to use, re-use, publish, re-publis		
•		ed student's voice and/or image, alon	•	
or without the	use of the student's nam	ne. I further allow for the supervision	and participation of the above	
named studen	t in any school/station (V	WRCJ, 90.9 FM, myDetroitCable) activi	ties structured to promote	
and/or train st	udents of the Detroit Pul	blic Schools. This release is in effect in	n perpetuity from the date	
	b	ecomes a student of	until the date	
(Student's name)			(School)	
his/her status	as a student terminates.	I hereby release and hold the Detroit	Public Schools and the Detroit	
Public Schools	Foundation, harmless fro	om any liability, any and all injuries, cl	aims, damages or costs arising	
from the use o	f images or recordings of	f any type and waive any request for r	emuneration.	
(Parent/guard	ian signature)		(Date)	
(A	ddress, City, Zip)			