



ITHACA CITY SCHOOL DISTRICT
400 Lake Street, P.O. Box 549, Ithaca, New York 14851-0549

Consent and Authorization for Media Purposes

Engaged students are successful students. Critical to our mission is the ability to communicate, through media outlets, the excellence that occurs in the Ithaca City School District every day.

By signing below, I give the Ithaca City School District and its schools permission to record audio, video and/or digital footage containing my child for the purposes of broadcasting the recording(s) as the district and its schools see fit.

This Consent and Authorization shall be interpreted to meet the requirements of the New York Civil Rights Law for the use of my child and their likeness. I hereby release and discharge the district and its officers, employees, agents, representatives, and students from all claims and liability arising out of or in connection with the activities I have authorized above, including but not limited to any claims for defamation, invasion of privacy, right of publicity, or any similar causes of action.

Parent/Legal Guardian – Print Name

Signature

Date

Child's Name (first, last)

Grade

School

Address

Telephone Number
