



Media Exposure Release Form

Please read the information below, select "Yes" or "No", and initial your acceptance to the right of each. Please sign at the bottom of the page to acknowledge that you have received, read and accepted these policies and grant permission as stated in each area.

I give permission for my child to be photographed and/or filmed by other media outlets who may provide coverage of the program within the center. (We will NOT provide their name.)

Yes, my child may be photographed and/or filmed by other media. Initial _____

No, my child may **NOT** be photographed and/or filmed by other media. Initial _____

I give permission for my child to be photographed and/or filmed for use within the center, such as photos displayed on bulletin boards that may be visible to visitors of our program. (We will NOT use their name.)

Yes, my child may be photographed and/or filmed for this purpose. Initial _____

No, my child may **NOT** be photographed and/or filmed for this purpose. Initial _____

I give permission for my child to be photographed and/or filmed for use on the Irish Cultural Center's website. (We will NOT use their name)

Yes, my child may be photographed and/or filmed for this purpose. Initial _____

No, my child may **NOT** be photographed and/or filmed for this purpose. Initial _____

I give permission for my child to be photographed and/or filmed for use on the Irish Cultural Center's Social Media platforms (including but not limited to Facebook, Twitter, Pinterest, and You Tube) (We will NOT use their name)

Yes, my child may be photographed or filmed for this purpose. Initial _____

No, my child may **NOT** be photographed or filmed for this purpose. Initial _____

By signing you consent to allow the Irish Cultural Center to use all images and/or film captured during the course of the program for internal and external promotion. You acknowledge and understand that neither you nor your child/children will receive any remuneration for your voluntary participation or future use of any photo(s) and/or images.

Parent Signature _____ Date _____