Media Release Form
Permission to Photograph/Record/Videotape/Film/Social Media usage

I hereby grant permission for my student/or self to be photographed, interviewed, videotaped or filmed for the purpose of media activities featuring students from schools in the Murray City School District.

I understand that my child’s image or voice, individual or as part of a group, may appear on television, film, radio, print or social media. I also understand that this permission is voluntary and that no one is required to participate in any media event.

Parent or Guardian SIGNATURE ___________________________ Date ___________________________

Parent or Guardian PRINTED NAME ___________________________ Phone Numbers ___________________________

Contact: Doug Perry
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