

CLEVELAND METROPOLITAN SCHOOL DISTRICT Media/IVR Consent Form

(Check the Applicable Box)

RETURN THIS FORM TO YOUR CHILD'S SCHOOL

I hereby irrevocably consent to the unrestricted photographing, videotaping or otherwise recording or broadcasting or publishing and other unrestricted use of my child's writing, photographs, video, image or likeness, or quotes without limit, reservation or remuneration by the media and/or the Cleveland Metropolitan School District (CMSD). CMSD shall be the sole and exclusive owner of all rights to the said recordings it has taken. I release all rights in the said recordings on behalf of myself and my ward/child.

I do not consent to the photographing, videotaping or otherwise recording or broadcasting or publishing and other use of my child's writing, photographs, video, image or likeness, or quotes by the media and/or the Cleveland Metropolitan School District.

I do not consent to receiving IVR (Interactive Voice Response) messages to my home or emergency phone numbers at any time including notifications of school-related emergencies.

STUDENT INFORMATION

Student Name _____

School _____ Grade _____

Parent/Guardian Signature _____

Parent Printed Name: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Date _____

* **Disclaimer:** As a matter of policy, the Cleveland Metropolitan School District will not publish both a student's name and photograph together.

* Students over the age of 18 do not need to obtain parental consent.

**The goal of the Cleveland Metropolitan School District is to become
a premier school district in the United States of America.**