



PUBLIC RELATIONS PHOTO / INFORMATION RELEASE

I agree that photographs, pictures, slides, movies, video, or other media coverage of my minor child may be taken in connection with their participation in the Communications Institute without compensation. I consent to the use of photographs, pictures, slides, movies, videos, or other media coverage for any legal purpose.

Name of Minor Student (print) _____

Name of Parent / Guardian (print) _____

Parent / Guardian Signature _____

Date _____