



500 E Cedar St, Elizabethtown, PA 17022 717.367.4730

### Student Media Consents and Release Form

Throughout the year, students may be highlighted in efforts to promote ANE activities and achievements. For example, students may be featured in materials to increase public awareness of our District through our newsletter, newspapers, the web (Facebook, Instagram, Twitter), DVDs displays, brochures and other types of media.

I, as the parent or guardian of \_\_\_\_\_, hereby give ANE District and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film or any other electronic, digital and printed media.

- a. This is the understanding that neither ANE District nor its representatives will reproduce said photograph, or likeness for any commercial value or receive monetary gain for use of any reproduction of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child's participation.
- b. I further release and relieve ANE District, its Board of Trustees, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material.
- c. Failure to return this release form with registration will constitute approval of the above requests.

### MEDICAL RELEASE FORM

I, the parent and/or legal guardian of \_\_\_\_\_ give permission for medical treatment of the above person in the event of an emergency illness and/or accident and I release Atlantic Northeast District and all volunteer personnel from all liability or medical expense incurred. An effort will be made to contact me prior to any treatment. Where contact cannot be made, proper medical personnel have my permission to proceed as determined by medical opinion.

Please list any known allergy to medications:

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I certify that I have read the above Media & Medical consent and releases and fully understand its terms and conditions.

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Congregation: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Signature & Date: \_\_\_\_\_ Phone: \_\_\_\_\_