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For Promotional and Training Purposes*

Dear Parent and Student,

I understand that the Muskegon Area Intermediate School District wishes to share information about their programs and services with potential program participants. With my written permission, these materials may include images of me (or my child) in print media, on broadcast media, online, on closed circuit or cable television, or on recorded media.

I hereby consent that the Muskegon Area Intermediate School District, 630 Harvey Street, Muskegon, MI, 49442, and it's entities listed above be authorized to use my/my child's portrait, picture, photograph, voice and/or image on video tape, audio tape or film, or any other reproduction of me/my child made and to distribute and/or exchange copies of these to promote the programs of the Muskegon Area Intermediate School District and the public schools of Muskegon County. No compensation is offered in exchange for permission to be granted.

**Date:** \_\_\_\_\_

**Student's Name (PRINT):** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
(If student is under 18 a parent or guardian's signature is required)

**Name of Signer (if other than student)** \_\_\_\_\_  
(Please Print)

**Relationship to Student** \_\_\_\_\_  
(Parent or guardian)