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MEDIA CONSENT FORM AND WAIVER

**AUTHORIZATION FOR RELEASE OF INFORMATION AND/OR PUBLIC USE OF IMAGE
(PHOTOGRAPH OR VIDEOTAPE) FOR MEDIA AND PUBLIC RELATIONS PURPOSES**

DATE: _____

STUDENT'S NAME: _____

ACTIVITY: _____

I hereby consent to the activity/event, as described above, I understand that photographs, films, written work, video or audio recordings, may be used, edited and released to newspapers, radio, television and internet providers and may be used by newspapers, and on the radio, television and internet.

I hereby release the Delran Township Public Schools and its employees and assignees from all claims resulting from the use, editing and release of any photographs, films, written work, videos or audio recordings with respect to this event/activity. This consent shall be continuing with no limitations or reservations, except those stated above.

I am the parent/guardian of the above named student, and I consent to this authorization and release.

Parent/Guardian Signature

(If student is 18 years of age or older)

I am at least 18 years of age, and I consent to this authorization and release.

Student Signature