

Media Release Form

I hereby grant permission to Saginaw Valley State University's School/University Partnership Office to use my/my child's image, likeness, and/or voice in any photograph and/or video to be used in any publication, advertising, training, and/or related endeavors, without further consideration. I understand that my/my child's name may be used in a caption or credits in relation to any photograph or video as described above.

Name of Child: _____

School Name: _____

Name of Guardian: _____

Signature of Guardian: _____

Date: _____