Appendix E

CONSENT TO PARTICIPATE IN MEDIA OR PROMOTIONAL ACTIVITIES

Date: _____

Dear Parent/Guardian, Adult Student or Adult Participant:

The Durham District School Board and its schools cooperate with media and other organizations, within reason, to encourage the celebration of school achievements, sharing information about students and staff and their work and to report on newsworthy events. For example, an organization may want to: interview you/your child about a newsworthy event; to film/photograph or record digitally you/your child doing an activity; you/your child's work or accomplishments may be featured or the school may want to enter your child's work in a contest.

We recognize that there are instances where parents may not wish their children to participate in these activities and similarly for students at age of majority and other adults. The notice below provides details regarding the specific activity you/your child are being invited to participate in.

Name of Organization	**Purpose**
Date	**Event and Location (Provide Details)**
Who is involved (Name of individual or class)	**Describe what is being recorded**

How will it be used? (i.e., newspaper, website, etc.)

All or portions of the work referred to above will become the property of the organization and may be adapted for other educational or non-educational applications, productions, broadcast, re-broadcast, publication, exhibition, reproduction and/or distribution in various media formats to a number of markets.

CONSENT AND ACKNOWLEDGEMENT

I, being the parent/legal guardian of the student named below or adult student/adult, have read and understand the information provided on this form.

- ☐ I **consent** to my/my child's participation in the activity described above and to the subsequent use as described above.
- ☐ I **do not consent** to my/my child's participation in the activity described above and its subsequent use as described above.

Date	**School**
Name of Student (Please Print)	**Student Signature**
Parent/Guardian/Adult Student (Please Print)	**Parent/Guardian/Adult Student Signature**
Witness	**Date**

Personal information is collected under the authority of your signed consent and will be used as outlined above. If you have any questions regarding this collection, or the activity, please contact your school principal or the Superintendent of Education at

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