REEL CANADA

Student Media Release Form

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I, the undersigned, hereby authorize REEL CANADA to record, film, photograph, audiotape or videotape my child's image and performance.

I authorize the use of any such photographic or electronic reproductions of my child for any purpose, including but not limited to educational and other public media as may be deemed appropriate by REEL CANADA. I understand that he/she may be identifiable from such photographic or electronic reproduction.

Student's name: _____

School: _____

Student's signature (if 18 years of age or older): _____

Parent/Guardian's name: _____

Parent/Guardian's signature (if student is a minor – under the age of 18): _____

Date: _____

Please Note: All records, of personal nature, are strictly confidential, with no release of information available without the student's written consent. REEL CANADA is bound by the policies set forth in the Freedom of Information and Protection of Individual Privacy Act. This Act does not allow us to give out any information about a student to anyone other than the student. This signed authorization allows a student to release this information to the individual or agency noted above.