



**Media Release 2024 - 2025**

Please choose ONE of the following options:

- I give consent** to New Heights Charter School of Brockton to record, film, photograph, interview, and/or publicly exhibit, display, distribute, or publish my child's name, appearance, and spoken words, whether undertaken by school staff, students, or anyone outside the school, including the media.

I, \_\_\_\_\_ understand the undersigned parent and/or legal guardian of

**Parent/Guardian Name**

\_\_\_\_\_, a minor, do hereby consent to New Heights Charter School of Brockton to

**Student Name (please print)**

record, film, photograph, interview, and/or publicly exhibit, display, distribute, or publish my child's name, appearance, and spoken words, whether undertaken by school staff, students, or anyone outside the school, including the media. I agree that the school may use, or allow others to use, those works without limitation or compensation. I give this consent on my own behalf, on behalf of the Minor, and on behalf of the respective heirs, executors, administrators, and assigns of ourselves and said Minor (hereinafter collectively the "Releasers"), do release, discharge, and covenant to hold harmless New Heights Charter School of Brockton and any and all of its present and former agents, employees and staff (hereinafter collectively the "Releasees") of and from all demands, causes of action, suits, claims, demands and liabilities whatsoever, both in law and in equity, which the Minor or any of the Releasers now has or hereafter may acquire, either before or after the Minor has reacjled his/her majority, against any of the Releases, resulting from his/her participation in school-related media, exhibits and displays.

\_\_\_\_\_  
**Student Name (please print)**

\_\_\_\_\_  
**Student's Date of Birth**

\_\_\_\_\_  
**Parent/Guardian Name (please print)**

\_\_\_\_\_  
**Signature of Parent/Guardian**

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

.....

1690 Main St. | Brockton, MA 02301

Phone: 508.857.5721 | E-mail: [media@nhcsb.org](mailto:media@nhcsb.org)



---

**I do not give consent** to New Heights Charter School of Brockton to record, film, photograph, interview, and/or publicly exhibit, display, distribute, or publish my child's name, appearance, and spoken words, whether undertaken by school staff, students, or anyone outside the school, including the media.

\_\_\_\_\_  
**Student Name (please print)**

\_\_\_\_\_  
**Student's Date of Birth**

\_\_\_\_\_  
**Parent/Guardian Name (please print)**

\_\_\_\_\_  
**Signature of Parent/Guardian**

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