

**PARENT RELEASE FORM FOR MEDIA RECORDING**

I, the undersigned, do hereby grant or deny permission to the Martin High School Volleyball Booster Club to use the image of my child, \_\_\_\_\_, as marked by my selection below. Such use includes display, distribution, publication, transmission, or otherwise uses of photographs, images and/or video taken of my child for use in the Volleyball Booster Club materials that include by may not be limited to, printed materials such as brochures and newsletters, videos, and digital images as well as the Martin High School Volleyball Booster Club website.

\_\_\_\_\_ Deny permission to use my child's image at all

\_\_\_\_\_ Grant unrestricted permission to use my child's image in print, video, and digital media. I agree that these images may be used by Martin High School Volleyball Booster Club for a variety of purposes and that these images may be used without further notifying me.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**A copy of this form for your own records will be returned to you upon request.**

Tracy Perez-Petersen  
MHS Volleyball  
4501 W Pleasant Ridge  
Arlington, Texas 76016  
Fax: 817.561.8606  
[tperez@aisd.net](mailto:tperez@aisd.net)