



## Student Media Release Form

### MTGK INSTITUTE

I am the Parent/Legal Guardian of \_\_\_\_\_ (child's name), and I hereby grant permission for the above named child to be interviewed, photographed, filmed or otherwise have their name, image, and/or voice recorded by MTGK Institute and its agents or other news media organizations.

I grant MTGK Institute and its agents the right to use these obtained photos, videos, and likeness of the above named child for the purpose of promotion, marketing, and publicity for MTGK Institute. I give permission for these images to be used in print and digital media, distributed physically via brochures, flyers, or ads, or through the internet.

I retain the right to request (in writing or via e-mail) to have images or videos of the above named child discontinued from future use in any of the above mentioned materials after having not attended any MTGK Institute for over one year. However, content having already been released containing images or videos of the child will not be withdrawn.

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*Parent/Guardian's Printed Name*

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*Parent/Guardian's Signature*

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*Date*