

GreenLearning's Challenges: Media Release Consent Form

This media release form covers both internal and external media and special events. Sign and return to secure your class's participation!

I, _____ hereby

(Name of teacher providing consent for all students)

authorize GreenLearning Canada Foundation to use and publish my students' names, images, likenesses, statements, participant work and performance without charge, for public viewing and promotional purposes in publications, advertising, video, web, news media, and other formats as determined by the organization. I also give permission for any content as uploaded to the Google shared folder associated with GreenLearning's programs or challenges to be used and/or edited as required.

I am aware that my students names and/or pictures and/or voices may appear in a print advertisement or other promotional material or be shown on the internet (including during the live virtual Challenge Celebration Event) on which my students pictures can be seen or voices heard on a recording and I hereby grant permission to GreenLearning Canada Foundation to use my students pictures, voices, and/or names for these purposes.

I hereby waive any right to inspect or approve the use of these works or any electronic materials that may be used in conjunction with them now or in the future, whether the use is known to me not. I also waive all rights to any royalties related to the use of these works.

I hereby release GreenLearning Canada Foundation, and its officers, employees, shareholders and directors from any and all liability whatsoever, for now and forever.

I also understand that external media or partner organizations might attend special events that are related to GreenLearning's programs and challenges. At these events, I give permission for my students names, images, likenesses, statements, participant work and performance to be photographed, filmed, audio or video taped for the purpose of being published and/or broadcasted online or on radio and television.

☐ Please mark this checkbox if you **AGREE** for your students to be photographed, filmed, audio or video taped as mentioned or described above in **parts one and two**.

Class Name: _____

School: _____ Grade: _____

Teacher's Name: _____

Teacher's Email: _____

Parent's / Guardian's Signature: _____

Date: _____