

CAPS MEDIA RELEASE

Due to the nature of the CAPS program, we have frequent local, regional and national media requests. These requests are coordinated through the District Communications Department and portray our students and the CAPS program in a positive light. In order to facilitate the communications efforts, we ask that you sign a separate release for media related to CAPS. This release does not alter any release that you may have signed with the District at large.

As parent/guardian of _____
STUDENT (Print Full Name)

who attends the Blue Valley Center For Advanced Professional Studies (CAPS), I/we give permission for our student to be included in photographs, videotaped or recorded interviews and for the information collected by the media to be used as part of news stories to be published in print, internet, broadcast or video by school, news media or the CAPS program.

I/we also waive any claims I/we may have and release the school district and its employees from any liability or claims arising out of such activities.

Parent/Guardian Signature

Student Signature

Date