



NYS Women Inc

Student Media Release Form

When your child participates in a NYS Women Inc event or receives a scholarship, their photo and name might be considered for publication/display on the NYS Women Inc State web site, Chapter web site, social media or publications. Please take time to review the information below and select all appropriate options. If your preference changes, you are responsible for contacting NYS Women Inc and completing a new form. If you have any other questions, please contact us before signing.

Please initial in the line(s) below to indicate you agree to give permission.

_____ NYS Women Inc and their Chapters have permission to display my child's photo on their web sites and social media pages.

_____ NYS Women Inc and their Chapters have permission to display my child's photo with first and last name on their web sites and social media pages.

_____ Local media outlets have permission to display my child's photo in news articles.

_____ Local media outlets have permission to display my child's photo with first and last name in news articles.

By signing below, I verify that I understand the above release and that I have indicated my preferences. By leaving a box empty, I am indicating that I do not wish for permission to be granted. If my preferences change, I will contact NYS Women Inc.

Parent/Legal Guardian Signature _____

Date _____

Child's Name (please print) _____