

Urban Preparatory Academy-Wichita

Media Release Form

My consent: I authorize, agree to, and consent for the Urban Preparatory Academy-Wichita to photograph or videotape me and/or my child or children and to record oral or written statements made by me and/or my child or children. I also authorize, agree to, and consent to the Urban Preparatory Academy-Wichita publishing, printing, reproducing, and otherwise using those photographs, videotapes, and/or statements in advertisements, promotions, publications, and products involving or related to the Urban Preparatory Academy-Wichita, its programs and services, and its mission. For myself and/or my child or children, I waive all claims for payment, compensation, or damages related in any way to the Urban Preparatory Academy-Wichita's use of those photograph's, videotapes, and/or statements for a purpose or use that I have agreed to, authorized, and consented to by signing this document.

Student Name (Print)_____

Parent(s) Name (Print)_____

Parent(s) Signature_____

Date_____