

MEDIA/INFORMATION RELEASE

I understand that while _____ (the "cadet") is a student at St. John's Military School ("St. John's") and participating as a member of the Corps of Cadets, photographs, film, audio recordings and videotape of the cadet may be taken for use in releases to the press, St. John's parents, donors, alumni or the public, including brochures, videos, St. John's website, social media, various St. John's publications and work product, including use by the *Salina Journal* newspaper and other media outlets cover St. John's.

Initial _____

I do hereby grant St. John's permission to record, display and/or reproduce my child's name, likeness and voice on audio and/or video tape, film or other media, to edit and otherwise modify such media at its discretion, to incorporate the media into any work product and to use or authorize the use of such media or any portion thereof in any manner or media or by any means, methods or technologies now known or hereafter to be known. I hereby waive any claims I may have, and release St. John's and its employees, officers, affiliates, and agents from liability of claims arising out of such activities or coverage.

Initial _____

HOMETOWN NEWS

____ I elect to participate in the Hometown News program. (*Provide local media information below.*)

____ I elect **NOT** to participate in the Hometown News program.

Initial _____

Complete the following information **ONLY** if you would like us to send information regarding your Cadet to your local newspaper. We will publish as much as possible in the local paper, *Salina Journal* but from time to time we would like to highlight your cadet in his hometown.

When selecting a newspaper, please keep in mind that many large newspapers such as the *Denver Post* and *Kansas City Star* may choose not print this type of information; however, many large cities also have smaller newspapers which are daily or weekly publications that will print the release.

Name of Newspaper _____

Newspaper email or website _____

Contact Person (if known) _____ Phone _____

Signature of Parent/Guardian

Print Name of Parent/Guardian

Date