

STEM to the S.T.A.R.S. Student Likeness Release Form
Stewart Middle Magnet School STEM Booster Club, Inc.

Student Name (Last, First) _____ HCPS Student ID #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

Dear Parent/Guardian:

The STEM to the S.T.A.R.S. camp is a cooperative grant from the I.S.S. National Lab & C.A.S.I.S. granted to the Stewart Middle Magnet STEM Boosters Club, Inc. in cooperation with Stewart Middle Magnet School for the purpose of creating digital curriculum with videos. Throughout the camp, certain STEM to the S.T.A.R.S partners, the camp staff and media members may be involved with special events or activities.

The Stem to the S.T.A.R.S. camp staff, and/or Hillsborough County Public Schools also may wish to interview, photograph, or videotape your child for educational reasons to utilize in video curriculum, publications and/or promotion. Before your child can participate in any of the above events or activities, you must give your permission by signing and returning this likeness release form to your child's school.

Please select only one option below:

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I give my permission for my child to be interviewed, photographed, or videotaped by the camp staff, school/district, STEM to the S.T.A.R.S., school/district partners or sponsors, and/or members of the general news media and expressly authorize and grant my consent to such parties the right to use my child's physical likeness, other identifying characteristics, information, and/or recordings of his/her voice in any media, including but not limited to, broadcast, cable, print, and/or digital, and for any purpose including but not limited to curriculum materials, entertainment, news, education, advertising, marketing and promotion without compensation thereof.

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I give my permission ONLY for my child to be photographed for and his/her name be published in the digital curriculum created for and share with the Stewart STEM Booster Club, Inc., the I.S.S. National Lab., and the other grant partners.

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I do not give permission for my child to be interviewed, photographed, or videotaped by the school/district, school/district partners or sponsors, and/or members of the general news media; nor for his/her name to be published in school/district publications, on the internet, or in news Publications or broadcasts.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____