

**ZACHARY COMMUNITY SCHOOL DISTRICT  
MEDIA RELEASE CONSENT FORM FOR ATHLETIC PROGRAMS**

Dear Parent/Guardian,

Throughout the school year, the Zachary Community School District may publish information about students who participate in school-sponsored athletic programs. Students' names, interviews, photographs, videos and pertinent student information as it relates to his/her school's athletic program may be utilized for promotional, educational and recruitment purposes.

With your permission, the district may share the information above with the district or school website and social media; radio, print or television media outlets; college or university recruiters; and official, nationally recognized athletic organizations (i.e., NCAA, LHSAA).

Publication of this information requires a student/parent release. Your signature below indicates that you are giving permission for the above mentioned personal information to be utilized and released as explained above. Once obtained, such written consent shall continue for one academic year or until withdrawn in writing by the parent, eligible student or legal guardian.

**Student Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Sport or Activity:** \_\_\_\_\_

- Yes.** The Zachary Community School District has my permission to use my student's information as described above.
  
- No.** The Zachary Community School District does not have my permission to release my student's information as described above.

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_