



# Parent Consent of Media Release

## (2023/24)

It takes **TWO** to make a friendship. It takes just **YOU** to make a difference.

### Media Release

I, (print name) \_\_\_\_\_, parent or official guardian of  
(child's name) \_\_\_\_\_, hereby give Circle of Friends staff and sponsors  
permission to take and use photos and video recordings of my child and/or myself for use in COF/sponsor  
publications, brochures, newspapers, COF website, and COF social media (Facebook, Instagram, etc).

Circle the option below (Yes, meaning you give permission or No, meaning you do not).

YES / NO

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**Parent/Guardian Signature**

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**Date**