



**★ MY-STARS
Enrichment Camp ★**

MEDIA RELEASE

I hereby authorize Emmanuel Christian Academy and County of Summit Department of Job and Family Services and any photographer, videographer, newspaper or other media source, to use photographic or other images of my child(ren):

for the purpose of publicizing and/or promoting the school(s) operated by Emmanuel Christian Academy and/or the MY-STARS program. This authorization shall be in effect until, not more than, thirty days following the receipt of written revocation of this authorization.

I represent that I have authority to grant this release, and understand that I may revoke this release at any time by providing a signed and dated copy of the revocation below to the school office.

A photocopy of this release may be used to the same extent as the original until such time as this release is revoked.

Parent's Signature _____ Date _____

Refusal of Media Release

I hereby refuse the release granted above.

Parent's Signature _____ Date _____



Department of Job and Family Services

