

MEDIA RELEASE FORM

Please review this form carefully, indicate your preference in regard to photographing and videotaping of your child and submit the completed form to QSIT Admissions Office.

*Please fill out one for each child.

STUDENT NAME: _____ **AGE LEVEL:** _____

YES ☐ I give permission for my child's photograph/video to be published in various school **Media Outlets:**
NO ☐ (Website, Newsletters, Advertising Materials, Social Media)

YES ☐ I give permission for my child to be photographed for the school **Yearbook.**
NO ☐

I understand that this permission is valid for the period of my child's enrollment at QSI International School of Tbilisi.

I understand and agree that if I wish to withdraw this consent, it is my responsibility to notify the school administration in written form.

Name of Parent/Legal Guardian: _____ Date: _____

*By supplying your name and returning the document by email this constitutes your signature