



St. John's Military School

PO Box 5020, Salina, Kansas 67402-5020
785.823.7231 Fax 785.309.5489



MEDIA WAIVER and RELEASE

I understand that while _____ (the "Cadet") is a student cadet at St. John's Military School ("St. John's") and participating as a member of the Corps of Cadets, photographs, film, audio recordings and videotape of the Cadet may be taken for use in releases to the press, St. John's parents, donors, alumni or the public, including brochures, videos, SJMS website, various St. John's publications and other work product, including use by the Salina Journal newspaper and other local or area media outlets that regularly cover St. John's. I do hereby grant St. John's permission to record, display and /or reproduce my child's name, likeness and voice on audio and / or video tape, film or other media, to edit and otherwise modify such media at its discretion, to incorporate the media into any work product and to use or authorize the use of such media or any portion thereof in any manner or media or by any means, methods or technologies now known or hereafter to be known. I hereby waive any claims I may have, and release St. John's and its employees, officers, affiliates, and agents from liability of claims arising out of such activities or coverage.

X _____
SIGNATURE of Parent/Guardian PRINT Name of Parent Date

X _____
SIGNATURE of Student PRINT Name of Student Date

Verification:

I verify that the information provided on this form is accurate and current, and that I am the legal parent/guardian of the student.

X _____
SIGNATURE of Parent/Guardian PRINT Name of Parent Date

X _____
SIGNATURE of Student PRINT Name of Student Date