



## **MEDIA RELEASE FORM**

This is to verify that I, [Guardian's Full Name] \_\_\_\_\_, hereby give my permission for MPA Skills to use photos/videos of my child on social media and other digital platforms.

I understand that MPA Skills may publish these content videos on various social media platforms, websites, digital channels, and other online platforms for promotional, educational, and informational purposes.

By signing below, I indicate that I have read and understood the terms and conditions outlined in this media release form.

Guardian's Full Name: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_

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

Student's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_