



MEDIA RELEASE
E. H. MOTT LEARNING CENTER

I, _____ (parent name), custodial parent or legal guardian of _____ (student's name), understand that E. H. Mott Learning Center does from time to time record images and audio of learners and their families during learning center hours and at learning center-related events. I understand that these may include video recordings, photographs and audio recordings. I hereby give permission for E. H. Mott Learning Center to use the above mentioned images and recordings of my learner and my family in newsletters, yearbooks, brochures, DVD's and on the learning center and the Parent/Teachers websites for advertising, recruiting new learners and other learning center-related purposes.

Signature of Parent/Guardian/Legal Representative	Date
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