



## STEM Parent Media Release Form

I, the undersigned, do hereby grant or deny permission to Griffiss Institute and/or the Air Force Research Laboratory (AFRL), to use the image of my child, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images.

- Deny permission to use my child's image at all.
  
- Grant permission to use my child's image in the following ways: I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by the Griffiss Institute and/or the Air Force Research Laboratory as well as local media, for a variety of purposes and that these images may be used without further notifying me. By selecting any of the following, you are agreeing to the terms and conditions of the media release form.

Name of Child(ren): \_\_\_\_\_

STEM Program: \_\_\_\_\_

The below signed parent or legal guardian of the above-named minor child hereby consents to and gives permission to the above on behalf of such minor child.

Signature of  
Parent or Legal  
Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

***The following is required if the consent form must be read to the parent/legal guardian:*** I certify that I have read this consent form in full to the parent/legal guardian whose signature appears above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Griffiss Institute Representative

If you have questions, please contact [RISTEM@griffissinstitute.org](mailto:RISTEM@griffissinstitute.org)