

HICKSVILLE PUBLIC SCHOOLS
Hicksville High School

**PARENT/GUARDIAN CONSENT AND RELEASE FORM PERMITTING MEDICAL ACCESS
AND RECORDING OF STUDENT
AND DISSEMINATION OF RECORDED MATERIALS**

Pursuant to the Family Education Rights and Privacy Act, I _____
(Please print name), the parent or guardian of _____ (please print name of Student),
a student of Hicksville Union Freer School District (the "District"), hereby consent to my child's
participation in the recording of programs, games, athletic events and other activities, both scheduled and
unscheduled ("activities"), at Hicksville High School (the "recording") by *MSG Network*, a media
organization ("MSG").

I understand my child participation in such recording may include his or her visual and/or verbal
depiction on the recording made by MSG, and I understand my child may be visually depicted and/or may
be depicted speaking, performing or participating in such activities with or without my knowledge or my
child's knowledge. In addition, I understand my child's participation may include being interviewed by
MSG and such interview may be recorded and made part of the recording made by MSG.

I hereby consent to the dissemination and use by MSG of the recording, or portions of the
recording, that may include depictions of my child as herein described.

I further understand the District, its employees, agents and officers, have no control over, and are
not responsible in any way for the content, use, editing, presentation, publication or dissemination,
whether single or multiple, of the recording, or portions of the recording, of my child made by MSG and
are not responsible in any way for the content, use, editing, presentation, publication or dissemination of
any interview of my child by MSG. The recording shall be and remain the sole property of MSG.

I hereby release the District, the employees, agents, and officers from any all claims, actions,
liability and loss arising from or out of MSG's recording and/or interviewing of my child as described
above, including but not limited to, any and all claims, actions, liability and loss arising from or out of the
content, use, editing, presentation, publication or dissemination, whether single or multiple, of MSG's
recording and/or interviewing of my child.

I intend that this consent and release be given the broadest possible scope and interpretation.

Date: _____

Signature of Parent

Name of Parent
(Please Print)

Date: _____

Signature of Student

Name of Student
(Please Print)