



## SLYE Network

201 Chester Le Blvd., 2<sup>nd</sup> Floor, Toronto ON M1W 2K7

[www.slyenetwork.com](http://www.slyenetwork.com)

### MEDIA RELEASE

I, \_\_\_\_\_ (*clearly print full name in blue or black ink*), hereby grant permission for The SLYE (Student Leadership and Youth Empowerment) Network to record, film and photograph my/my child's image, works and performances (*hereinafter collectively referred to as "Works"*) to display, publish, or distribute for promotional or educational purposes. I acknowledge that all materials created within the project may be used for promotional or funding purposes, which may include funding reports, newspapers or other printed documents, the SLYE Network website and other applicable media.

I have read this media release and fully understand and consent to the contents of this release.

Participant Full Name	Parent/Guardian Full Name (if individual is under the age of 18)
Signature (Parent/Guardian signature if individual is under the age of 18)	Date