

This is an Opt-Out Form. Parents/Guardians who wish to opt-in do not need to return this form.



2023-2024 OPT-OUT MEDIA RELEASE FORM

Instructions: Please complete all sections of this Opt-Out Form and submit it via email to wyso@wysomusic.org or mail to PO Box 258039, Madison, WI 53725-8039.

Student's Name: _____
(Last) (First)

A parent/guardian may withhold permission for WYSO and its employees, representatives and authorized media organizations to print, photograph and record my child for use in audio, video, film, or any other electronic, digital and printed media. As the parent or guardian of the student identified above, I understand that if I opt-out, my child will not be included in pictures or videos taken by WYSO and its staff, including commercial photographers and the media.

If you do not want your child to be photographed, videotaped and/or audiotaped for use in any digital and printed material, check the box below and sign:

DO NOT allow my child to be photographed or recorded for use audio, video, film, or any other electronic, digital and printed media.

Parent/Guardian Signature _____ Date _____