



PETER J. LUCIDO

MACOMB COUNTY PROSECUTING ATTORNEY

ONE SOUTH MAIN STREET · MOUNT CLEMENS, MICHIGAN 48043

OFFICE: (586) 469-5350 · FAX: (586) 469-7335

PROSECUTORLUCIDO@MACOMBGOV.ORG



2025 Knocking Violence Out of My School Video Competition

Parental / Guardian Consent Form

I, _____ [Parent/Guardian], hereby grant to Macomb County Prosecutor's Office, their successors, and their assignees the right to record the image and/or voice and use the artwork and/or written work of my child, _____ [Student Name], on videotape, on film, on photographs, in digital media and in any other form of electronic or print medium and to edit such recording at their discretion.

I understand that my child's full name, address, and biographical information will not be made public. I further grant Macomb County Prosecutors, their successors, and their assignees the right to use, and to allow others to use, my child's image and/or voice on the internet, in brochures, and in any other medium and hereby consent to such use.

I hereby release Macomb County Prosecutor's Office, their successors, and their assignees and any using my child's image and/or voice, artwork, and/or written work pursuant to this media release form any and all claims, damages, liabilities, costs, and expenses which I or my child now have or may hereafter have by reason of any use thereof.

I understand that the provisions of this release are legally binding. Please circle one:

I consent.

I do not consent.

Print Name of Parent / Guardian: _____

Parent/Guardian Signature: _____ Date: _____

Student' Name: _____

Student's School: _____ Grade: _____