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## **2026 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 and Macomb County, their successors, and their assignees from any use of my child's image and/or voice, artwork, and/or written or video work pursuant to this media release form from 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: \_\_\_\_\_