

Office of Communications and Media Relations

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MOUSE Inc.
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Student Name:	School:		
CONSENT TO ATTEND M	OUSE EVENT, TRAINING	, FIELDTRIP OR CONFE	RENCE
My son/daughter has permission	to attend the MOUSE E	vent on	(date/s).
Signature of Parent/Guardian (if Student	is under 18):	Date:	
<u>OR</u>			
Signature of Student (if 18 or over):		Date:	
CONSENT TO PHOTOGRAPH (e.g. education	H, FILM, OR VIDEOTAPE onal, public service, or health		ROFIT USE
I hereby consent to the participation in in	nterviews, the use of quotes, and	the taking of photographs, mov	vies or video tapes
of the Student named above by MOUSE	Inc, as well as organizations/me	edia working with or on behalf	of MOUSE Inc.
also grant to MOUSE Inc. the right to ea	dit, use, and reuse said products	for non-profit purposes including	ng use in print, or
the internet, and all other forms of media	a. I also hereby release the New Y	York City Department of Educa	tion and its agents
and employees, and MOUSE Inc. and it	ts agents and employees, from a	all claims, demands, and liability	ties whatsoever in
connection with the above.			
Signature of Parent/Guardian (if Student	is under 18):	Date:	
Address of Parent/Guardian:			
<u>OR</u>			
Signature of Student (if 18 or over):		Date:	
Address of Student:			

☐ Check here if you do <u>not</u> give consent to photograph, film or videotape for non-profit use.