

Media Release Form

Name of minor _____

I give permission for the Society for Canadian Women in Science and Technology (SCWIST) to use the name or visual representations (photographs or video recordings) of my child.

Please indicate your choice

Program and promotional use (includes websites & social media)

Yes

No

During reporting back to our funders

Yes

No

(Printed Name of Parent/Teacher/Guardian)

(Parent/Teacher/Guardian Signature)

Date