

PARENTAL CONSENT FORM FOR EXTRA-CURRICULAR ACTIVITIES & MEDIA PROMOTIONS

Parent or Guardian:

I certify that Student's Name is in good general health and will benefit from participating in the activities offered by the [Niagara Catholic District School Board](#). I, therefore, give him/her permission to participate in all activities scheduled during their stay in Canada. I also grant the Niagara Catholic District School Board the right to use pictures, video and/or audio tapes of my child for use in promoting our programs through the course guide, formal public displays, brochures, pamphlets, and our websites. Niagara Catholic District School Board will not sell or distribute any pictures, video or audio tapes to any third party for their own use.

Parent/Guardian's Signature

Date

For the 20____ to 20____ School Year

