Round Square
International Conference
King’s Academy - Jordan
October 7 - 13, 2014

Media Release Form

Please complete the applicable section:

Student Delegation Section

I, ___________________________________________ (parent’s/legal guardian’s complete name), hereby give permission for my son/daughter, ___________________________________________ (complete name of student delegate), to be photographed or his/her image be recorded during the Round Square International Conference 2014. This permission includes any pre or post conference tour. These images may be used for Round Square publicity in the brochure, on the website, in marketing material and other media.

__________________________________________
Signature of parent/legal guardian of student delegate

Date

Adult Delegation Section

I, ___________________________________________ (adult delegate’s complete name), hereby give permission to be photographed or recorded during the Round Square International Conference 2014 and any pre or post conference tour and that these images may be used for Round Square for publicity in the brochure, on the website, in marketing material and other media.

__________________________________________
Signature of adult delegate

Date

__________________________________________
Designated signatory of school (verification of above)

Date