

Media Release Form

I hereby grant the Anne Arundel County Public Sci	_	nt to obtain and/or use
 ☐ my photograph, digitized image, video and ☐ my child's photograph, digitized image, video 		ording
for educational and informational purposes.		
I understand that such media and all subsequent sites, presentations, videos, multimedia productio broadcast, become the property of Anne Arundel C to the public via appropriate media channels.	ons, and AACPS' edu	cational cable television
I understand that a photograph of my child appear Schools' home pages on the World Wide Web will	•	_
The media release for anyone under the age of 18	must include the sigr	nature of a parent or guardian.
This Release is for (name) Adult Child	School Name	
Parent/Guardian Name (Please print)		
Signature of Adult or Parent/Guardian		Date
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