



Photo/Video Release Form

I give permission for photos, videos and/or images of my child, captured through video, photo, and digital camera, to be used in connection with Baldwin County Board of Education School System activities. I understand that all photos and videos will become the property of the Baldwin County School System, and will not be used for commercial gain.

These recordings will be used in educational and promotional videos, presentations, CD-ROM's, newsletters, websites, etc. I further agree that any additional reproductions may be published and distributed to the general public.

I understand and agree to the above stated conditions.

Student's Printed Name: _____

Parent / Guardian's Signature: _____

Date: _____

School Name: _____

Teacher's Name: _____