



Last _____

First _____

Student Number: _____

PHOTO-VIDEO-MEDIA RELEASE FORM

2010-2011 School Year

Date: _____

Student: _____
(Please print name)

Parent/Guardian: _____
(Please print name)

I hereby consent to having my child interviewed, photographed, recorded on audio tape or video-taped by the school district, school or commercial print or television media for the reporting of programs taking place at East Naples Middle School with full knowledge that the end product may appear in print publications, on television, in a video, or on the Internet. The end product may also be used for instructional purposes and/or for public information. I understand that my child, the Student named above, may be depicted and or/identified by one or more of the media.

I release Collier County Public Schools, ENMS Middle School, and district and school staff from any responsibility or recourse for the use of interviews, photographs, videotapes, sound recordings or other images either of my child or created by my child or others.

Signature of Student

Signature of Parent/Guardian

Relationship