

Photo/Video Release

I, _____, hereby give authorization

(Print Parent/Guardian Name)

to the Martin County School District to permit my child to be photographed, filmed, or videotaped and grant consent, pursuant to Florida Statute 1002.221 and 20 U.S.C.1232g, for the District to publish, post or release my child's name/photograph/video image. I understand that by giving my permission, my child's name/photograph/video image may be published online or in printed materials produced by the ESC, the Martin County School District, media organizations, or other persons or entities. I do hereby release and waive any and all claims, demands, or objections against the ESC and the Martin County School District in connection with or arising out of the use of my child's name/photograph/video image.

Parent/Guardian Signature

Date