

MEDIA RELEASE FORM

Date _____

I hereby give permission to the School Board of Broward County, Florida to make audio/visual recordings or photographs of my minor child and to use these finished materials for the educational purposes and/or to promote the positive aspects of Broward County Schools through communication media such as newspapers and television. I further realize that all such uses and distribution by the members of the Broward County School Board shall be within their sole discretion.

Child's Name _____

Signature of Parent

Name (Printed)

(Address)

City/State/Zip Code

Program Name/Number

Date of Taping