

Media Release Form

Signature of Adult or Parent/Guardian

I hereby grant the Anne Arundel County Public my photograph, digitized image, video a	, ,
my child's photograph, digitized image, video and/or voice recording	
for educational and informational purposes.	
I understand that such media and all subsequent sentations, web sites, videos and multimedia pro County Public Schools and may be disseminated	ductions, become the property of Anne Arundel
I understand that a photograph of my child app Public Schools' home pages on the World Wide	,
The media release for anyone under the age of 18 i	must include the signature of a parent or guardian.
This Release is for (name)	School Name
☐ Adult☐ Child	
Parent/Guardian Name (Please print)	
Signature of Adult or Parent/Guardian	Date
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e Arundel County Public Schools Office of Public Informa	uon
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I haraby grant the Appe Arundal County Public	School System the right to obtain and/or use
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☐ my child's photograph, digitized image,	3
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The media release for anyone under the age of 18 i	must include the signature of a parent or guardian.
This Release is for (name)	School Name
Adult Child	
Parent/Guardian Name (Please print)	
Signature of Adult or Parent/Guardian	Date

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