

THE SCHOOL DISTRICT OF MARTIN COUNTY, FLORIDA
ANNUAL PHOTO/VIDEO RELEASE
RETURN THIS FORM TO THE BAND ROOM

Student's Name: _____

School: Martin County High School Teacher: M. B. Brown Grade: _____

Type of material to be used: Photographs, Digital Video, etc.

I, _____, hereby give Authorization to the Martin County School District to permit my child to be photographed, filmed or videotaped for educational purposes during the entire school year, from 7/31/2011 through 8/31/2012, for all Band Program activities.

I do hereby release and waive any and all claims, demands, or objections against the above-named school and school district in connection with or arising out of the photographing/videotaping* of my child.

Parent's Signature

Date

*School Board Rule 7540.01 prohibits the use of student pictures or student identification on any school district web site.