RICHMOND COUNTY SCHOOL DISTRICT PHOTO AND VIDEO RELEASE FORM FOR INTERNAL AND EXTERNAL USE

I do hereby grat the Richmond Conty School System unlimited right to use and/or produce photographs, videos, vineos, recordings, likenesses and/or the voice of any student in any legarhanner and of the internal and external promotional and informational activities of Richmond Ounty Schools. I also agree to allow my child work and/or photograph to be published on the chrond County Schools ystem Internet website, RCBOE publications and ontelevision, radio and media outlets further understand that yb signing this release, I waive any and all preson future compensation rights to the use of the above stated materials.

School Name:	
Student¶ V 1 D P H	_ Homeroom Teacher:
Parent/Guardian Signature:	Date:
Parent/Guardian Name (Please Print)	
Parent/Guardian Address:	