



## Media Release & Permission Form

I hereby give permission for all photographs, audio recordings, and/or video recordings taken of my child to be used by the school system's promotional print and electronic publications and on GCPS-TV, the school system's cable television station. This permission extends to use by the Parkview Band Booster Association.

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**THE MISSION OF  
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*is to pursue excellence  
in academic knowledge,  
skills, and behavior  
for each student,  
resulting in measured  
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Student's Name

\_\_\_\_\_ (please print)

Student's Signature

\_\_\_\_\_ (if age 18 or older)

Parent/ Guardian's Name

\_\_\_\_\_ (please print)

\_\_\_\_\_ (signature)

Date