



PHOTO-VIDEO-MEDIA RELEASE FORM

2025- 2026 SCHOOL YEAR

Date: _____

Student: _____
(Please print name)

Parent/Guardian: _____
(Please print name)

I hereby consent to having my child interviewed, photographed, recorded on audio tape or videotaped by the school district, school or commercial, print or television media for the reporting of programs taking place at Gulf Coast High School with full knowledge that the end product may appear in print publications, on television, in a video, or on the Internet. The end product may also be used for instructional purposes and/or for public information. I understand that my child, the student named above, may be depicted and or/identified by one or more of the media.

I release The School Board of Collier County, Florida, The School District of Collier County, Florida, Gulf Coast High School and their agents, servants, or employees from any responsibility or liability arising from the use of interviews, photographs, videotapes, sound recordings or other images either of my child or created by my child or others.

Signature of Student

Signature of Parent/Guardian

Relationship

7/01/2006