



GCPS STUDENT MEDIA FESTIVAL Producer & Talent Media Release

Must be completed by each person appearing in the production

I am: **Talent** and/or **Producer** (please check one or both)

Student Name _____

School _____

Production Title _____

I hereby give my consent to the GCPS and Georgia Student Media Festival and affiliates to use my child's Student Media Festival project(s). I understand that the project(s) becomes the property of the GCPS and Georgia Student Media Festival and affiliates for educational, instructional, or promotional purposes.

Parent/Guardian Name _____
(Please print)

Parent/Guardian Signature _____
(Parent/guardian of minor child)

Date _____
(Please print)

Parent/Guardian Email _____

Parent/Guardian Phone _____

If student is 18 or older, please provide signature.

Student Signature _____
(If 18 or older)

Please print this completed form and get required signatures before submitting to your teacher/sponsor.