



PHOTO-VIDEO-MEDIA RELEASE
NHS Golden Eagle Band Program
2026-2027

Student Name:	
Parent/Guardian Name:	
Parent/Guardian Name:	

I hereby consent to having my child or ward interviewed, photographed, recorded on audiotape or videotaped by the school district, school or commercial, print or television media for the reporting of programs taking place associated with the Naples High School Band 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/ward, 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, Naples High School employees, Naples High School Band Boosters, Inc. band boosters, volunteers, or other appointees from any responsibility or liability arising from the use of interviews, photographs, videotapes, sound recordings or other images either of my child/ward or created by my child/ward or others.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____