



**MEDIA RELEASE**  
**Florida Diagnostic and Learning Resources System-South**  
**Miami, Florida**

Without remuneration and as a donation of my service, time and/or talent to FDLRS-South, I hereby grant FDLRS-South, and any related affiliate facilities involved with or licensed to the School Board of Miami-Dade County, Florida, and those representatives acting under its authority, permission to photograph, tape, record, broadcast, or display at will in print, audio, video, or a computer format, my performance or participation.

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I certify that I am over 18 years of age and can legally sign this agreement on my behalf or my child's behalf. I have read and agree to the above authorization and release.

**PLEASE PRINT**

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ Student's Name: \_\_\_\_\_  
 School: \_\_\_\_\_ Teacher: \_\_\_\_\_

(If under 18 years of age, have parent or guardian complete the following)

**As parent or guardian of the above person, I consent to the above release, and to the uses set forth therein. I am authorized to sign on behalf of the person/student.**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by FDLRS-South representative:

Representative of FDLRS-South: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Event: \_\_\_\_\_ Location: \_\_\_\_\_

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