



**Georgia Student
Media Festival
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**Georgia Association for
Instructional Technology
(GAIT)**

**Georgia Library
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Georgia Student Media Festival

MEDIA RELEASE FORM

I hereby give my consent to the 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 Georgia Student Media Festival and affiliates for educational, instructional, or promotional purposes.

Project Title: _____

School: _____

System: Monroe County Schools

Production Type: _____

Student's Name: _____
(please print)

Parent's/Guardian's Name: _____
(please print)

Signature: _____
(parent/guardian of minor child)

Date: _____
(please print)

Home Mailing Address:

