



MCPS Television

850 Hungerford Drive, Room 27
Rockville, MD 20850
301-279-3141

CONSENT AND RELEASE

Name: _____

Taping Date: _____ Taping Location: _____

Purpose of Taping: _____

Producer/Contact Person: _____ Phone: _____

I hereby consent to the nonprofit use of my likeness and/or voice by the Montgomery County Public Schools and its assigns, for all purposes of education, instruction, or public information, on the MCPS cable TV channel, the MCPS web site, and the MCPS YouTube site. The use of this content is for educational purposes only.

I am of legal age* and competent to execute this consent and release, which I have read and fully understand.

Print Name

Date

***Signature Of Parent Or Guardian
If Individual Is Under Age 18**