



**Aurora Public Schools**  
**Pickens Kids Tech/William Smith Kids Tech**  
**Media Release Form**

Dear Parents,

I hereby give permission for Aurora Public Schools and all media outlets to take photographs or video recordings of my child. I release the use of his/her name and interviews to Aurora Public Schools and media outlets for their own use in publications, broadcasts and on the APS Web site.

**Possible photo events throughout the year include but not limited to:**

- ~Classroom Parties
- ~Kids Tech Events
- ~Zumba Dance/Fitness
- ~Pickens Dental Program Activities
- ~Pickens Photography Program Activities
- ~Pickens Medical/Nursing/EMT Program Activities
- ~Pickens Cosmetology Program Activities
- ~Pickens Tech Activities
- ~Pickens ECE Program Activities (Our Lab Students)
- ~Any activity that takes place within Kids Tech Lab School

I do not give permission.

Students may be included in photographs, video recordings and interviews by Aurora Public Schools and media outlets at certain events including those open to the public or those held off Aurora Public Schools property. This Media Release does not apply to these situations.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_