The Church Christian Academy
Photo Release Permission Slip

As a parent or guardian of _____, I_____ hereby
(Student's Name) (Parent/Guardian Name)
consent to the use of photographs/videotape taken during the course of the school year for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

____ Yes, I give consent for The Church Christian Academy to photograph my child for school purposes and/or at school events.

___ No, I do not authorize The Church Christian Academy to photograph for my child for any event.

Student's Name: _____

Parent's Name (print): _____

Parent Signature: _____ Date: _____