

Photo Release Permission Slip

Child's Name: _____

As a parent or guardian of this student, I hereby 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 Gardena Christian Academy to photograph my child for school purposes and/or at school events.

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

Parent Signature: _____

Date: _____