Student Photo Release Form

I, \_\_\_\_\_\_\_(parent/guardian) give RC Smith Christian Academy permission to use my child's photograph or photographic image in official RC Smith Christian Academy business, including: school website, newsletters, graduation, slideshows, etc. I understand that photographic images or video may be used for news organizations and promotional purposes. I hereby waive any right that I may have to inspect or approve the finished product in which a photographic or video image may be used including the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

\_\_\_\_\_Yes, I agree with the release form.

No. I	do not agree	with the	release	form
	40 1101 461 66		release	

Parent(s) Signature\_\_\_\_\_

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\_\_\_\_\_Yes, I agree with the release form.

\_\_\_\_\_ No, I do not agree with the release form

Date:\_\_\_\_\_

Child's Name:\_\_\_\_\_

Parent(s):			

Parent(s) Signature\_\_\_\_\_

I understand that my typed name has the same legal effect and can be enforced in the same way as a written signature.

