

## Photo Release Permission Slip

I \_\_\_\_\_ (Parent/ Guardian's Name) give consent for Pueblo Christian Academy staff members or other representatives to use (circle one) my son's/ my daughter's photograph taken during the course of the school year for publicity, promotional, or educational purposes. This may include publications, presentations, newspaper articles, internet publications (including the school website and social media), or other media sources. I do this with full knowledge and consent and waive all claims for compensation of use, or for damages.

\_\_\_\_ Yes, I authorize Pueblo Christian Academy to photograph my child for school purposes and/ or at school events.

\_\_\_\_ No, I do not authorize Pueblo Christian Academy to photograph my child.

Parent/ Guardian Signature: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

Child's Grade: \_\_\_\_\_

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