



Photo Release Permission Slip

As the parent(s) or guardian(s) of: _____
Name of child(ren)

I understand that there may be photographs/videos 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) that may include my child(ren).

Yes, I give consent for Buffalo Christian Academy to photograph/videotape my child(ren) for school purposes and/or at school events. I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

No, I do not authorize Buffalo Christian Academy to photograph/videotape my child(ren) for any event.

Parent/Guardian Signature Date

Parent/Guardian Signature Date