



# ORION CHRISTIAN ACADEMY MEDIA RELEASE FORM

Please fill out with a blue pen

I, \_\_\_\_\_ (Full Name), grant permission to use my child's image (photographs and/or video) for use in Media publications including:

(Check All That Apply)

- Videos  - Email Blasts  - Recruiting Brochures  - Newsletters  - Magazines  
 - General Publications  - Website and/or Affiliates  - Social Media  
 - Other: \_\_\_\_\_

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please **initial** the paragraph below and provide the information requested:

\_\_\_\_\_ I am the parent or legal guardian of the child named below. I have read this release before signing, and I fully understand the contents, meaning, and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

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

Name (Parent or Guardian): \_\_\_\_\_

Child's name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_