

Sample

Photo Release Form Anytown Adventist School

I hereby consent and authorize ANYTOWN ADVENTIST SCHOOL or its assigns to use my name and/or the names of my family members who are minors, as listed below, as well as my likeness, photos, videos, and other information (or that of family members who are minors) for the purpose of school news releases, publicity, advertising, publication, or distribution as ANYTOWN ADVENTIST SCHOOL believes appropriate. I further consent to such use in their present form and to any changes, alterations, or additions thereto.

I hereby release ANYTOWN ADVENTIST SCHOOL from all liability in connection with all such uses.

Additional comments (if any): _____

Dated this _____ day of _____, 20_____.

(Please **Print** Name)

(Please **Sign** Name)

Address: _____

_____ Phone Number: _____

Additional Minor Family Members to Whom the Release Applies:

Witness:

(Please **Print** Name) _____
(Please **Sign** Name) _____
(Date)