



Photo Release Form

Katy Adventist Christian School
1913 East Avenue
Katy TX 77493

I grant Katy Adventist Christian School the right to take photographs of my child. I authorize Katy Adventist Christian School, its assigns, and transferees to copyright, use, and publish the same in print and/or electronically.

I agree that Katy Adventist Christian School may use such photographs of my child with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed Name _____

Child's Name _____

Date _____

OR

I grant Katy Adventist Christian School the right to take photographs of my child. I authorize Katy Adventist Christian School, its assigns, and transferees to print and use these photographs **ONLY** within the Katy Adventist Christian School facility. Photographs of my child may **NOT** be used for public access use such as publicity, advertising, or Web content.

I have read and understand the above:

Signature _____

Printed Name _____

Child's Name _____

Date _____