



**Louisville Adventist Academy
PHOTO/VIDEO
CONSENT AND RELEASE FORM**

I hereby give consent for my student(s) to be photographed, videotaped, audiotaped and/or interviewed by Louisville Adventist Academy staff and yearbook staff. I hereby give Louisville Adventist Academy consent to use my child's photograph, videotape, audiotape and/or interview print media to promote Adventist education and to be used in the yearbook.

I agree to release and hold harmless Louisville Adventist Academy and Kentucky-Tennessee Conference of Seventh-day Adventists, its members, trustees, agents, officers, contractors, volunteers and employees from and against any and all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of or be caused by my child's photograph, videotape, audiotape or voice on television, radio or motion pictures, in print medium, on the Internet or in any other electronic/digital medium.

It is further understood and I do agree that no monies or other consideration in any form, including reimbursement for any expenses incurred by me, will become due to me because of my participation in any of the above activities or the above-described use of my child's photograph, videotape, audiotape or voice on television, radio or motion pictures, in print medium, on the Internet or in any other electronic/digital medium.

Student Name

Birthdate

Student Name

Birthdate

Student Name

Birthdate

Student Name

Birthdate

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date