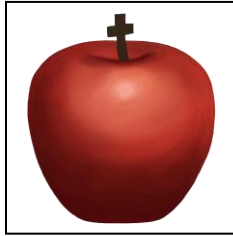


Deamude Adventist Christian School

Continuing CONSENT TO RELEASE



As the undersigned parent or guardian of the following student(s) at Deamude Adventist Christian School, I give permission for photographs of my student(s) to be used in:

School Publications

Web Site Display

Public Relations Material

Student name: _____

Student name: _____

Student name: _____

Student name: _____

Students' names will not be used without further approval.

This consent shall remain in continuous effect until revoked in writing and delivered to the above named school or until the child is no longer enrolled in the above named school.

Parent/Guardian Signature

Date