

Photo Release Form

Springfield Seventh-day Adventist Junior Academy

I hereby consent and authorize Springfield Seventh-day Adventist Junior Academy 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 Springfield Seventh-day Adventist Junior Academy believes appropriate. I further consent to such use in their present form and to any changes, alterations, or additions thereto.

I hereby release Springfield Seventh-day Adventist Junior Academy from all liability in connection with all such uses.

Additional Comments (if any): _____

Dated this _____ day of _____, 20____.

Print _____ Sign _____

Address _____

_____ Phone No. _____

Additional minor family members to whom this release applies:

Witness

Print _____ Sign _____