



**Photo Release Form  
Colquitt Christian Academy**

2018-2019 School Year

Please indicate below the option you prefer for your child(ren) and family:

\_\_\_\_\_ I hereby consent and authorize Colquitt Christian Academy 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 Ketchum Adventist Academy believes appropriated. I further consent to such use in their present form and to any changes, alterations, or additions thereto.

\_\_\_\_\_ I consent to the use of photos of my child in group settings for publication and promotion of the school with their name (s)

\_\_\_\_\_ I consent to the use of photos of my child in group settings *without their name* for publication and promotion of the school.

\_\_\_\_\_ I do not consent to the use of any photos of my child(ren) individually or in group settings for any purpose outside of the school setting and the Yearbook.

Student Names \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent/ Guardian*

\_\_\_\_\_  
*Date*