

Student Photo Release Form

Student's Name: _____ **Grade:** _____

School: _____

I hereby grant permission for video recordings and digital photographs to be taken of my child as a part of his/her participation in activities at Youth For Christ. I understand that the recordings and images collected will be used for non-profit educational purposes.

I authorize Youth for Christ to use my child's image on its websites and or in printed promotional materials without further consideration and I acknowledge Youth for Christ's right to treat the media (such as cropping) at its discretion. **NOTE:** No names of students will be identified.

I also acknowledge that Youth for Christ may choose not to use my child's image at this time but may do so at its own discretion at a later date.

I understand that once my child's image is posted on the Youth for Christ website, the image could possibly be downloaded by a third party. I agree that I will not hold the chaperones or Youth for Christ responsible for any harm that may arise from such unauthorized reproduction.

Parent/Guardian Name: (Please Print) _____

Signature: _____

Date: _____