



# FULL GOSPEL CHRISTIAN SCHOOL

*A Ministry of the Full Gospel Church*



110 Union St ♦ Westfield ♦ MA ♦ 01085

## PHOTO/VIDEO RELEASE ACKNOWLEDGEMENT

Date \_\_\_\_\_

### Student Information

Full Name \_\_\_\_\_  
*Last First Middle*

### Parent Information

#### Father:

Full Name \_\_\_\_\_  
*Last First Middle*

#### Mother:

Full Name \_\_\_\_\_  
*Last First Middle*

As the parent/guardian of the student listed above, I give my permission for *Full Gospel Christian School* to use photographs or video footage taken by authorized school personnel, designee or representative in which my child/children appears, for school related purposes. I understand that the photos, videos or audio may be published for publicity or advertising in all forms of media, including the Internet.

I do not wish to allow the school to publicize my student.

School has permission to publicize student as listed below. Please select from the following options:

- Photo
- Video
- Audio

### Consent And Agreement Statements

I certify that I have carefully read and do understand the above statements.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date