



# Allegiant Christian School

## Photo and Publicity Release Form

Family Name: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Child(ren)'s Name	DOB	Child(ren)'s Name	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**This release is effective from the date you enroll in Allegiant Christian School until you leave the program.**

- a. I, as a parent or guardian, of the above named students fully authorize and grant Allegiant Christian School and its authorized representatives, the right to print, photograph, record, and edit as desired, the biographical information, name, image, likeness, and/or voice of the above named persons on audio, video, film, slide, or any other electronic and printed formats, currently developed, (known as "Recordings"), for the purpose of school related purposes.
- b. I understand and agree that use of such Recordings will be without any compensation to the pupil or the pupil's parent or guardian.
- c. I understand and agree that Allegiant Christian School and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings.
- d. I understand and agree that Allegiant Christian School and/or its authorized representatives shall have the unlimited right to use the Recordings for any school related purposes.
- e. I hereby release and hold harmless Allegiant Christian School and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the pupil and/or parent or guardian which relate to or arise out of any use of these Recordings as specified above.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_