

CHRIST THE KING REGIONAL SCHOOL

Photo/Video Release Form

2015-2016

Please Check one of the following:

_____ I hereby give permission for images of my child(ren) captured during regular school hours as well as Christ the King sponsored events and activities through video, photo and digital camera, to be used solely for the purpose of Christ the King promotional material and publications and waive any rights of compensation or ownership thereto.

Family Name: _____

OR

_____ I do not wish to have my child's image used for Christ the King promotional material or publications.

Name of Student(s)

Grade/Room

Name of Parent/Guardian (please print): _____

Parent/Guardian Signature: _____

Date: _____

PLEASE FORWARD COMPLETED FORM TO THE SCHOOL OFFICE