

FIVE OAKS ADVENTIST CHRISTIAN SCHOOL

IMAGE RELEASE FORM

I hereby consent and authorize the Five Oaks Adventist Christian School or its assigns, to use my name and/or names of my family members who are minors, as well as my likeness, photos, videos and other information (or that of family members who are minors) for the purpose of news releases, advertising, publicity, publication, school website or distribution in any manner whatsoever. I further consent to such use in their present form and to any changes, alterations, or additions thereto. I hereby release the Five Oaks Adventist Christian School from all liability in connection with all such uses.

Child's Name: _____

Parent's/Guardian's Printed Name

For the School Year:

20____-20____ _____ Date: _____

20____-20____ _____ Date: _____

20____-20____ _____ Date: _____

20____-20____ _____ Date: _____

20____-20____ _____ Date: _____

20____-20____ _____ Date: _____

20____-20____ _____ Date: _____

20____-20____ _____ Date: _____