## PHOTO RELEASE PARENT PERMISSION

PROJECT DESCRIPTION: TRINITY CHR	STIAN SCHOOL	PODLICATI	ONS AND P	KOMOTIONS
, , hereby grant permission	for Trinity Christian	School to pl	hotograph my	son/daughter for

possible use in the above projects. In addition, I grant Trinity Christian School, its employees, agents, successors, licensees and assigns, the irrevocable right and license to use the likeness of my son or daughter on photographs; to crop such photographs at their discretion; to incorporate such photographs in the above project at their discretion; and to use such photographs or any portion thereof in any manner connected with above project including any promotional materials.

I agree to hold Trinity Christian School, its employees, agents, successors, licensees and assigns harmless against any liability, loss or damage resulting from the use of my child's likeness, and I hereby release and discharge any claims whatsoever in connection with such use of my child's likeness in the above projects.

I understand that my child's name may appear in connection with any and all photographs containing his/her likeness that may be used in the above projects.

I am signing this release freely and voluntarily and in executing this release do not rely on any inducements, promised or representation made by Trinity Christian School or its subcontractors, employees or agents.

## APPROVAL/CONSENT OF PARENT OR GUARDIAN

Minor Child's Name:	
Address:	
City/State/Zip:	
Telephone:	
Parent or Guardian Signature	Date:

