

Lake Norman Christian Photo and Video Release Form

(Please complete and return to the school as soon as possible)

I do hereby grant to Lake Norman Christian School (LKNC) the unlimited right to use and/or reproduce photographs, likenesses or voice of my child in any legal manner and for internal or external promotional and informational activities of LKNC.

I also agree to allow my child's work and/or photograph to be published on the LKNC Internet pages. I understand that my child's name will not be published in any way without information about the purpose of the use of his/her name and my written permission for the school to use my child's name.

I further understand that by signing this release, I waive any and all present, or future compensation rights to the use of the above stated material(s).

Student's Name _____ Teacher _____

Parent/Guardian Signature _____ Date _____

Please Print:

Parent/Guardian Name _____ Phone _____

Address _____

Signature of Witness _____ Date _____

INFORMATION BELOW FOR SCHOOL OFFICIALS ONLY

Name _____ Date _____

Type of Material:

Photograph _____

Slide _____

Videotape _____

Other (please specify) _____

Use of Material: (please include specific information such as name of news outlet, brochure, purpose of presentation, etc.)

News Outlet(s) _____

LKNC Internet _____

Other sites _____

Brochure _____

PowerPoint Presentation(s) _____
