



We need parental permission to use a person's photograph, voice, and/or name in various media projects. Please read the following, then date and sign where indicated.

Student's Full Name	M/F	Name Student Goes By	Grade

Yes – I consent for and in consideration of the opportunity and privilege of appearing in or participating in one or more video or audio recordings, sound tracks, films, photographs, or written articles, I hereby consent to the use and editing thereof and release the Ark City Christian Academy and its employees and assignees from any and all claims resulting from such use and editing in school media, and use, sale, editing and release to the newspapers, radio and television stations; and use on the Internet.

No – I do not consent to non-ACCA use of my child's photograph, voice and/or name in various media projects.

Father/Legal Guardian name: _____

Signature & date: _____

Mother/Legal Guardian name: _____

Signature & date: _____

Parent or legal guardian signature is required if the participant is under 18 years of age. If the student(s) live with both parents, then both signatures are required.