

Photo & Video Release Form – Students

Directions: Please check the boxes to indicate what type of permission you give FIA.

I hereby authorize Faith International Academy (FIA) to publish

- my photograph,
- video and/or audio recording of me,
- with or without using my name, for use in
 - electronic or print publications of Faith International Academy,
 - multimedia presentations,
 - or online publications (including Facebook and the school website).

Additionally, I authorize FIA missionary staff to publish

- my photograph,
- video and/or audio tape of me,
- with or without using my name, for use in
 - personal and/or mission-related electronic or print publications,
 - multimedia presentations,
 - or online publications (including Facebook or blogs).

Student Name(s): _____

Address: _____

Student Signature: _____

- I am 18 years of age and have the right to enter into this agreement.
- I am under 18 years of age.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Please return this form as part of the (re)enrollment process. (Note: Your failure to return this form during the enrollment process implies your full consent and authorization.)