



ICN Full Time School

Photo Release Permission Form

As parent or guardian of this student I hereby consent to the use of photographs / videos taken during the course of the school year for the publicity, promotional, and /or educational purposes (including publications, presentations, or broadcast via newspaper, internet, or other media sources.) I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

- Yes, I give consent for ICN FTS to photograph my child for school purposes and/or at school events.
- No, I do not authorize ICN FTS to photograph my child for school purposes and/or school events.

Parent Signature

Date

Student Name