

PHOTO RELEASE FORM

PERMISSION TO USE PHOTOGRAPH

"WHERE GREAT MINDS EXCEL."

PHOTO RELEASE WAIVER

Student/Participant Name:

Event Name:

Location:

Date:

I give the BKS Youth & Family Wholeness the right to take photographs of me in connection with the purpose described above.

I also grant them permission to use my image or likeness in a photograph, video, or other electronic means, for advertising or promotional purposes such as but not limited to their website and social media accounts.

Printed Name

Signature

Email address (optional):

Date Signed:

I, the undersigned, have read and fully understood the terms and conditions of signing this photo release waiver.

I also certify that I am

at least 18 years of age

below 18 years of age but have acquired the consent of my parents and guardians whose signature/s can be found below.