



PHOTOGRAPHY/VIDEOGRAPHY RELEASE FORM

I, parent and/or legal guardian of _____ (child's full name), hereby

- ☐ give consent
☐ decline consent

for my child to have their photograph taken and/or for them to be a part of photography/videography for Valley Harvest Christian School related activities and promotionals.

The photographs and videos will only be shared for school-related communication or community information/promotion.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____