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.)*