

Photo Release Form

Form must be filled out every school year.

20____/20___ YEAR

Student's Name:	Phone: ()
Address/City/Zip:	
School and Calvary Chapel to use my child's comments for educational and promotional p	authorization and consent for Calvary Chapel Rialto Christian name, photographs, video camera recordings and interview urposes. I understand that these items may be distributed to published in, but not limited to, advertisements, news releases, and the World Wide Web.
Parent/Guardian's Signature	Date:





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