

Best Academy 2017-2018 Photo Release Form

As the parent of a child/children at Best Academy, I agree to the following:

- I understand that my child(ren) whose name(s) are listed below may be photographed at Best Academy during normal after-school hours, field trips or activities.
- I understand that these photographs may be used in school newsletters or mounted on the Best Academy website, Facebook, or any other publication.
- I give permission for my child(ren)'s photographs to be mounted on Best Academy's website, Facebook, newsletters, or any other publication (when names are added, only first names will be used).
- I understand that I have the right to request, in writing, to have a photo removed from the website or Facebook within 30 workdays.

The Following are the names of my children attending Best Academy:

Name: _____

Name: _____

Name: _____

I confirm that I have read and understood the above, and agree to have my child(ren)'s photos mounted on the Best Academy website, Facebook page, newsletters or any other publication.

Signature: _____

Date: _____