



Consent of Photo Release

Between: Shiloh Christian School
1915 Shiloh Drive
Bismarck, ND 58503

And: _____
Name of Child or Children

Address

City, State, Zip code

I hereby give my consent on behalf of my child (children) to Shiloh Christian School to use my child's portrait, picture (motion or still) on the Shiloh website, brochures, or television advertising for any lawful purpose.

I waive any right to inspect the finished product, whether in photo or video as well as any advertising material printed, videotaped or photographed that may be used in conjunction with Shiloh Christian School's use of my child's (children) likeness.

By signing this document, I declare that my consent is granted freely and without obligation, expressed or implied, for payment or any consideration from Shiloh Christian School.

I hereby certify that I am the parent or legal guardian of the child (children) described and, as such, I am entitled to give the consent described in this document to Shiloh Christian School. Being the parent or guardian to the child (children) described, I hereby consent to and agree to be bound by the above terms on this consent.

Print Name

Signature

Address

Date

Telephone Number

Witness