



## PARENTAL CONSENT FORM/LIABILITY RELEASE

Please Print

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_

Parent's Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_

There are potential dangers associated with the posting of personally identifiable information on a web site. These dangers have always existed; however, we as a school do want to celebrate your child and his/her work and activities. This parental consent form is to both inform you and to request permission for your child's photo/image and personally identifiable information to be published.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the Headmaster of Life Center Academy and such rescission will take effect upon confirmed receipt by the school.

Parental Consent:

I hereby give consent to the use of any social media, video images, photographs, audio recordings, motion picture footage, DVD productions, or any other visual or audio reproduction that may be taken of my child in the context of the Fountain of Life Center, Life Center Academy, Little Angel Preschool and Life Center events and activities. I give permission to use or to reproduce these photographs singularly or in conjunction with other photographs for publicity, advertising, commercial or other purposes in all domestic and foreign markets.

Please initial the following and sign below:

\_\_\_\_\_ I GRANT permission for this student's photo/image and name to be published.

I hereby release the Fountain of Life Center, Life Center Academy, Life Center and Little Angel Preschool and any of their associated or affiliated companies, their directors, officers, agents and employees from all claims of every kind on account of such use.

Print name of Parent/Guardian (print) \_\_\_\_\_

Signature of Parent/Guardian (sign) \_\_\_\_\_