



**GRACE**  
CHRISTIAN SCHOOL

2915 14<sup>th</sup> Avenue  
Columbus, Georgia 31904

## Internet Photograph Release Form

Date: \_\_\_\_\_

I hereby grant permission to **GRACE CHRISTIAN SCHOOL** to use my photograph(s), or the photograph(s) of my child, on the school's website or in other official school printed publications without further consideration. I further acknowledge the right of **GRACE CHRISTIAN SCHOOL** to edit, crop or treat the photograph(s) at its discretion. I understand that should **GRACE CHRISTIAN SCHOOL** choose to not use my photograph(s) at this time, that it is not waiving its right to use my photograph(s) at some time in the future.

I understand that should my photograph(s), or the photograph(s) of my child, be used on **GRACE CHRISTIAN SCHOOL's** website that it will be available for download. I do hereby agree to indemnify, to release, and to hold **GRACE CHRISTIAN SCHOOL** and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages that may arise from the dissemination of my photograph(s), whether via the internet or in print, which I now have or which may arise in the future.

**GRACE CHRISTIAN SCHOOL** reserves the right to use photographs without notice.

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

**For individuals under the age of eighteen (18), the signature of a parent or legal guardian is required.**

I, \_\_\_\_\_, as parent or legal guardian of \_\_\_\_\_ (Name of Minor), do hereby grant permission to **GRACE CHRISTIAN SCHOOL** to use the photograph of \_\_\_\_\_ (Name of Minor) as outlined above.

**Name of Minor:** \_\_\_\_\_

- Please identify minor by first name only
- Please do not identify minor by name

**Signature of Parent or Legal Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_