

Selah Early Learning Academy  
Minor Photo Release Form



Please INITIAL each section, and SIGN and DATE below.

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\_\_\_\_\_ I give Selah permission to use and publish the image of my child whether in print or electronic form.

\_\_\_\_\_ I agree that Selah may use the photographs of my child without his/her first name- for any lawful purposes; including for such purposes as publicity, illustration, advertising, video classroom clips or productions, slideshows, and web content.

\_\_\_\_\_ I release all claims against Selah with respect to copyright ownership and publication.

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Name of Child: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Today's Date: \_\_\_\_\_