



Algood Christian Elementary Media Release

Year _____

I, _____, hereby give permission for photographs of my child(ren) to be displayed by ACE in any of their media forms; which may include social media, promotional materials, etc.

-OR-

If you DO NOT wish to grant permission, please place a check mark here: _____

Name(s) of student(s): _____

Parent/Guardian Signature _____

Date: _____