

**Permission to Photograph**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission to Bethel Christian

 (Parent/Guardian)

Academy, Inc. to photograph/video my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 (Child’s Name)

for the following purposes:

|  |  |  |
| --- | --- | --- |
| **Types of Use:** | **Grant Permission** | **Decline Permission** |
|  | **Please initial each preference.** |
| Display in Video Promotional Material\* |  |  |
| Display in Promotional Literature Material\* |  |  |
| Display on Bulletin Boards\* |  |  |
| Display photos/videos on BCA’s website\* |  |  |
| Post photos/videos on BCA’s Social Media Page(s)\* |  |  |
| YouTube Promotional Video\* |  |  |
| Other: \* |  |  |

\*Only first names, and possibly last initials (in the event of two or more children with the same first name) will be displayed on BCA’s website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect until I decline authorization of any or all of the above uses.

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

 (Parent/Guardian Signature)