

### **Hoven Academy Photo Release Permission Slip**

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the school year for publicity, informational, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet, the school website, school social media pages, or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

\_\_\_\_ Yes, I give consent for Hoven Academy to photograph my child for school purposes and/or at school events.

\_\_\_\_ No, I do not authorize Hoven Academy to photograph my child for any event.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_