

Photo Release Form

COASTAL GEORGIA RADIO SCIENCE ACADEMY,
INC. SCHOOL YEAR 2018-2019

AGREEMENT

I hereby give permission for images of my child, captured during Coastal Georgia Radio Science Academy, Inc. (CGRSA) events and activities through photo, to be used solely for the purposes of CGRSA newsletters, facebook page and/or website.

Name of Parent/Guardian (Please Print): _____

Parent/Guardian's Signature: _____ Date: _____

NAMES & AGES OF CHILDREN (Please Print)

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____