

GENERAL MEDIA RELEASE FORM

Advanced Sacred Hope Academy

Date ___/___/___

- I, the undersigned, hereby authorize all social media and media alike to photograph me, take motion pictures of me, take video footage of me, and/or make electronic sound recordings of me herein referred to as photographic or electronic reproductions.

Agreed and accepted by:

PRINT FIRST and LAST NAME

Address

City, State, ZIP

Phone _____

Signature _____ Date ___/___/___

I AM A MINOR Yes _____ No _____

PARENTAL CONSENT

I certify that I am the parent or guardian of the individual above, _____, a minor under the age of eighteen years old. I hereby agree to assume legal responsibility for his/her authorizations referred to in this General Media Release Form.

_____ /___/___

Signature of applicant's Parent/Guardian

Date