

Strickland School Media Release

I, _____(parent name), custodial parent or legal guardian of _____ (student's name), understand that Strickland Christian School does from time to time record images and audio of students and their families during school hours and at school-related events. I understand that these may include video recordings, photographs and audio recordings. I hereby give permission for Strickland Christian School to use the above mentioned images and recordings of my child and my family to be stored digitally and in newsletters, yearbooks, brochures, DVD's and on the school's and the parent/teacher's websites for advertising, recruiting new students, and other school-related purposes.

Parent Signature _____ Date _____