



Strickland School Media Release



I, _____ (parent name), custodial parent or legal guardian of

Child: _____ (student's name) Grade _____,

Child: _____ (student's name) Grade _____,

Child: _____ (student's name) Grade _____,

Acknowledge and understand that Strickland Christian School may occasionally photograph, video record, or audio record students and their families during school hours and at school-related activities or events. I understand that these images and recordings may be used in print and digital formats, including photographs, video or audio recordings, the school's website, social media, newsletters, yearbooks, brochures, and other school-related communications. I grant permission for Strickland Christian School to use and store images and recordings of my child and my family for educational, promotional, and other school-related purposes. I understand that no compensation will be provided and that this permission will remain in effect unless revoked in writing.

Parent Signature

Date