



MIDLAND ADVENTIST ACADEMY
IMAGE RELEASE FORM

For value received, I hereby consent and authorize MIDLAND ADVENTIST ACADEMY or its assigns, to use my name and/or the names of my family members who are minors, as listed below, as well as my likeness, photos, videos and other information (or that of family members who are minors) for the purpose of news releases, advertising, publicity, publication or distribution in any manner whatsoever. I further consent to such use in their present form and to any changes, alterations, or additions thereto. I hereby release MIDLAND ADVENTIST ACADEMY from all liability in connection with all such uses.

Dated this _____ day of _____, 20_____ .

List all Family Members to whom this photo release applies (**print** student names below):

Name: _____

Name: _____

Name: _____

Name: _____

Signed:

(Please **print** parent's name)

(Please **sign** parent's name)

Address: _____

Phone number: _____

Witness:

(Please **print** name)

(Please **sign** name)