Connection Pointe
Christian Academy

888 East-West Connector S.W. ▪ Austell, GA 30106 ▪ 770-803-6475

Parent/Guardian Student Photo Release Form

Student's Name: _____ Grade: _____

☐ **I grant permission** for films, video, audio recordings, and slides/photographs to be taken during classroom instruction, assessment, and other school related activities. I understand this media will be produced and used for educational purposes. I authorize Connection Pointe Christian Academy to use this video, audio, and photographs on its website and/or other school publications without further consideration. I acknowledge the school's right to crop and edit the media at its discretion. I further acknowledge while the school may not use the media at this time, it may do so in the future.

I also understand that once videos, images, and other media are posted to the Connection Pointe Christian Academy website, it can be accessed and downloaded from any computer on and off campus. Therefore, I agree to indemnify and hold harmless Connection Pointe Christian Academy and its faculty and staff, along with Connection Pointe Church of God and its faculty, staff, and church members.

☐ **I do not grant permission** for films, video, audio recordings, and slide/photographs of my child to be published in any forum.

Connection Pointe reserves the right to discontinue use of media without permission or notice.

Parent/Guardian Name (Print): _____

Signature: _____

Address: _____
Street City State/Zip

Phone: _____

Date: _____