

Lewis County Adventist School

CONTINUING PHOTO RELEASE CONSENT



As the undersigned parent or guardian of the following student(s) at Lewis County Adventist School, I give permission for photographs of my student(s) to be used in school publications, public relations material, and web site display.

Student name: _____

Student name: _____

Student name: _____

Student name: _____

This consent shall remain in **continuous effect** until revoked in writing and delivered to the above named school.

Parent/Guardian Signature

Date

(registration Form revised 2/05)