



IGNITE[®]
Entrepreneurship
Academy
"Fiercely protecting the spark of curiosity"

STUDENT PHOTO RELEASE PERMISSION SLIP

2019-2020 Academic Year

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the school year for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources).

I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

Yes, I give consent for Ignite Entrepreneurship Academy to photograph my child for school purposes and/or at school events.

No, I do not authorize Ignite Entrepreneurship Academy to photograph my child for any event.

Parent Signature: _____ Date: _____

Student's Name: _____