



**Bilingual Christian Academy & Technology, Inc.**

3241 S. John Young Parkway

Kissimmee, FL 34746

(407) 530-4227

## PHOTOGRAPH AND VIDEO RELEASE PERMISSION FORM

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

I give my permission for Bilingual Christian Academy & Technology or any school approved media to photograph/ video my child. The photographs or video will be used for news organizations and promotional footage in support of the school. Copies of any videos or photographs taken will be available upon request.

Autorizo a "Bilingual Christian Academy & Technology, Inc." o cualquier medio aprobado por este, a fotografiar o tomar video de mi hijo. Dichas fotos / videos serán utilizados para noticias de la organización o como material promocional en respaldo de la escuela. Copias de cualquier video o fotografías tomadas estarán disponibles según se solicite.

**I GIVE PERMISSION (Autorizo)**

**I DO NOT GIVE PERMISSION (NO Autorizo)**

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date