615 Stewart Ave.
Lewiston, ID 83501
(208) 743-8361
beacon-christian.org

Photo Release 2026-2027

I, _____ (student name), hereby grant and authorize Beacon Christian School the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of me to be used in and/or for legally promotional materials including, but not limited to , newsletter, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalist, websites, social networking sites and other print and digital communications, without payment or any other consideration. This authorization extends to all languages, media, formats and markets now known or hereafter devised. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing.

I understand and agree that these materials shall become the property of Beacon Christian School and will not be returned.

_____ _____
Student's signature *Date*

If the person signing is under the age of consent, then this release must be signed by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____ named above, and do herby give my consent without reservation to the foregoing on behalf of this individual.

Please Initial all that apply:

_____ Photos for yearbook & in-school publishing.

_____. Photos for articles, newspaper, school website, and social media

_____ _____
Parent/Guardian signature *Date*