

Gallant Academy Photo Release Form

Dear parents,

With your consent, Gallant Academy may use photographs of your child taken during classes **without his/her name** for the purpose of publicity. Please sign below:

I hereby grant Gallant Academy, its employees and affiliate the right to take photographs of my child. I further authorize Gallant Academy to copyright, use and publish these photographs in print and/or electronically without his/her name.

Student Name: _____ Parent Name : _____

Parent Signature: _____ Date: _____