



Photo/ Video Release Form

I _____ (Parent/ Guardian) give permission to allow recording the image and/ or voice of the minor child/ren named below, I grant Al-Huda Academy North Raleigh all rights to use these sound, still or moving images in any medium for educational, promotional, advertising, or other purposes to support the mission of the school. I also permit the use of any printed material in connection therewith and the use of my child's name in connection therewith, if and when the school deems it necessary. I hereby relinquish any right that I may have to examine or approve the completed product or products or the advertising copy or printed matter that may be used in conjunction therewith or to approve the use to which it may be applied. I agree that all rights to the sound, still or moving images belong to Al-Huda Academy North Raleigh. It is also understood that I may request copies, if I bear the expense of the cost of reproduction. I have read the foregoing and fully understand the contents hereof. I represent that I am the [Parent/ Guardian] of the named minors. I hereby consent to the foregoing on his/her/their behalf as long as they are attending Al-Huda Academy North Raleigh.

Parent/ Guardian's Name (please print): _____

Minor Child's Name (please print): _____

Minor Child's Name (please print): _____

Minor Child's Name (please print): _____

Minor Child's Name (please print): _____

Parent/ Guardian's Signature _____

Date: _____