

Photo Release Form

COASTAL GEORGIA HOME SCHOOL ASSOCIATION
SCHOOL YEAR 2019-2020

AGREEMENT

I hereby give permission for images of my child, captured during Coastal Georgia Home School Association (CGHSA) events and activities through photo, to be used solely for the purposes of CGHSA newsletters, facebook page and/or website.

Name of Parent/Guardian (Please Print): _____

Parent/Guardian's Signature: _____ Date: _____

NAMES & AGES OF CHILDREN (Please Print)

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____