



HOLY TRINITY ACADEMY

A ministry of Holy Trinity Greek Orthodox Cathedral

MEDIA RELEASE FORM

I hereby authorize Holy Trinity Academy to photograph or videotape my child, _____, throughout the school year and during program functions. I understand that such photos and recordings may be used for public relations and to promote Holy Trinity Academy through email, the website, Facebook, flyers, church publications, and similar.

Parent signature _____

Date _____

I do not want my child, _____, photographed or videotaped.

Parent signature _____

Date _____