ORISUN ACADEMY FOR HEALING ARTS

PHOTO AND MEDIA RELEASE FORM

Photography • Video • Audio • School Communications

MEDIA CONSENT & RELEASE

Your child's experiences at Orisun Academy for Healing Arts are an important part of our school story and may help us share our learning community with current families, prospective families, community partners, and the public. Photographs, video, and audio recordings may occasionally be used in school communications, outreach, educational materials, and marketing in print and digital formats.

I, the parent/legal guardian of the child named below, authorize Orisun Academy for Healing Arts to photograph, videotape, audiotape, or otherwise record my child and, when appropriate, to edit those recordings for school-related use.

I understand that media capturing my child's image, likeness, or voice may be used by Orisun Academy for Healing Arts on its website, social media platforms, newsletters, informational brochures, admissions and outreach materials, presentations, school publications, and news or community stories considered appropriate for release.

Privacy: Orisun Academy for Healing Arts will not intentionally publish my child's full name, student identification number, home address, or other sensitive personal identifying information in connection with these materials without separate permission when required.

Compensation and approval: I understand that neither my child nor I will receive payment for authorized use of photographs, video, audio, or related materials. I waive any right to inspect or approve the finished materials or the specific use of my child's image or voice, provided that the use remains consistent with this release.

I understand that I may revoke this permission for future use by submitting written notice to Orisun Academy for Healing Arts. Revocation will not require the school to remove or recall materials that were created, printed, posted, or distributed before the school received written notice.

PLEASE SELECT ONE

☐ I GIVE PERMISSION for my child to be photographed, recorded, and included in media as described above.
☐ I DO NOT GIVE PERMISSION for my child to be used in school outreach or marketing media.

STUDENT & PARENT/GUARDIAN INFORMATION

Child's Full Name: _____	
Parent/Guardian Name: _____	
Parent/Guardian Signature: _____	**Date:** _____

FOR SCHOOL USE ONLY

Received By: _____	**Date Received:** _____