

**Covenant HomeSchool Resource Center**

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**PHOTO RELEASE FORM  
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I hereby grant to Covenant HomeSchool Resource Center the right to photograph my dependent child(ren) and use the photo or other digital reproduction of him/her for publication in print materials or publishing via the internet.

I certify that I am a custodial parent of the following students and have the aforementioned rights to assign.

Printed Name of Parent:\_\_\_\_\_

Signed:\_\_\_\_\_ Date:\_\_\_\_\_

Address:\_\_\_\_\_ Phone:\_\_\_\_\_

Printed names of all children enrolled at Covenant:

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