



MULTIMEDIA RELEASE FORM

___ I authorize the use of my child(ren)'s likeness in electronic or print media for the purpose of marketing Williamsburg Christian Academy.

___ I request that my child's/children likeness not be used in marketing materials.

Family Name: _____

Children:

Name	Grade
_____	_____
_____	_____
_____	_____
_____	_____

Parent Signature _____