



## Photo & Media Release Form

I hereby grant SCIHE permission to take photographs of my child/children participating in SCIHE activities for the use of the SCIHE yearbook, website, and promotional materials.

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

\_\_\_\_\_  
Parent/ Guardian Signature