

New Independence Academy

PO Box 125
Pikeville, NC 27863

Consent Waiver and Release

Student's Name: _____ Age: _____

Event: _____

Parent/Legal Guardian: _____

Address: _____

City: _____ Zip Code: _____ Phone: _____

To be signed by the parent or guardian:

I hereby give permission to New Independence Academy and to other news media entities to prepare, use, reproduce, publish, or exhibit my name, picture, portrait, likeness, or voice or any or all of them for use by the news media or the New Independence Academy in their news and public relations programs and website. Any photograph, photo transparency, drawing or other illustrative graphic material, audio-visual illustration, news report, story or article may be used without my prior examination of the finished product.

I have crossed out, dated and initialed any exceptions to this consent waiver and release form.

I hereby waive my rights to privacy in connection with consent given above and I hereby release, discharge and agree to hold harmless all the parties to whom this consent is given from any liability whatsoever and agree that this consent and waiver will not be made the basis of a future claim of any kind.

Signed: _____ Relationship: _____

Witness: _____ Date: _____

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(919) 288-2429