

FRANCIS HOWELL NORTH



KNIGHTPRIDE

PHOTO RELEASE FORM

I hereby grant permission to FHN Bands to use photographs and/or video of my child taken at FHN Bands Events in publications, news releases, online, and in other communications related to the mission of FHN Bands.

Student Name _____

Parent Name _____

Date _____

Email Address (optional) _____

Parent, Adult or Guardian Signature

Thank you!