

**Photo Release**

I hereby irrevocably consent to and authorize the use and reproduction by BINA High School of any and all photographs which you have taken of me for any purpose whatsoever. I agree that these photographs constitute BINA property, solely and completely.

**Date:** \_\_\_\_\_

**Photo Subject (Student):** \_\_\_\_\_

**Signature of Subject:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Signature of Parent or  
Guardian, if minor** \_\_\_\_\_

**Witnessed by:** \_\_\_\_\_