

PHOTO/MEDIA RELEASE FORM
FOR MINORS



School of Education
LA SIERRA UNIVERSITY

Organization Name: La Sierra University
Address: 4500 Riverwalk Parkway, Riverside, CA 92505

Information	
Student Full Name	
Parent/Guardian Full Name	
Relationship to Student	

Consent:

I, the undersigned, am the parent or legal guardian of the child named above. I hereby grant La Sierra University, its representatives, employees, or agents, the right to take and use photographs, video, or other digital media (“media”) of my child in connection with its activities or programs. I understand and agree that these media may be used in any of the following ways: printed publications or materials, digital publications, social media posts, website content, and/or promotional or fundraising materials.

I understand that no royalty, fee, or other compensation will be provided for such use, and I hereby release and hold harmless La Sierra University from any claims arising from the use of these images or recordings.

- YES**, I give permission for my child’s photo/media to be used as stated above.
- NO**, I do not give permission for my child’s photo/media to be used.

Parent/Guardian Signature

Date

Printed Name