



FFA Member Photo Release Form

Student's name: _____

I, _____ guardian of _____, hereby give
Guardian's name Child's name
LCCHS FFA permission to use photographs of my child and my child's name on
their website.

I hereby warrant that I am over the eighteen (18) years of age, and am competent to
contract in my own name.

Signature: _____

Name of above (please print): _____

Month/Date/Year: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary contact can be contacted at (circle one) work or home.

Telephone: _____

E-mail (optional): _____