



# INDIGO Christian Junior Academy

## MEDIA RELEASE FORM Academic Year 2025-2026

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Organization: Indigo Christian Junior Academy

Participant's Name: \_\_\_\_\_  
(Person being photographed or videotaped)

Participant's Address: \_\_\_\_\_

Participant's Telephone Number: \_\_\_\_\_

**I hereby consent and authorize** Indigo Christian Junior Academy to use my name and/or the names of my family members who are minors, as listed above, as well as my likeness, photos, videos and other information (or that of family members who are minors) for the purpose of news releases, advertising, publicity, publication or distribution in all forms and media. I further consent to such use in their present form and to any changes, alterations, or additions thereto. I hereby release the Florida Conference of Seventh-day Adventists and Indigo Christian Junior Academy from all liability in connection with all such uses.

\_\_\_\_\_  
Participant/Guardian's Signature  
(A parent or guardian must sign above if the participant is under age 18.)

\_\_\_\_\_  
Date

*Mark this box if you DO NOT consent or authorize.*

\_\_\_\_\_  
Participant/Guardian's Signature  
(A parent or guardian must sign above if the participant is under age 18.)

\_\_\_\_\_  
Date

Witness: *(anyone who watches as this form is filled out)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Indigo Christian Junior Academy  
401 N. Williamson Blvd. • Daytona Beach, FL 32114 • Phone: 386-255-5917  
Fax: 386-269-1997 • Website: www.indigochristianacademy.com