



NEW BEGINNINGS CHRISTIAN ACADEMY

TESTIMONIAL OPT-OUT

This document is provided to both inform and request consent of the parent/guardian for the use of your school testimonial for ministry purposes. **If you are not willing to consent** to the use of your testimonial that includes your child in official NBCC and NBCA publications, please read, print, and sign this opt-out form and return it to the school office.

I, _____, hereby, **deny the following rights and permissions** to New Beginnings Christian Center and Academy, their legal representatives, and those acting, using, reusing, publishing, and republish testimonials of the minor named below or in which the minor may be included, in whole or in part, individually or in connection with other material, in any and all media now or hereafter known, including the internet, and for any purpose whatsoever including promotion, recruitment, advertising, and any commercial or non-commercial use. I understand and do not agree that all such testimonials, in whatever medium, shall remain the property of NBCC and NBCA.

I do not release nor discharge NBCC, their legal representatives, and those acting with or without their authority and permission from all claims that may arise out of or in connection with the use of the testimonials, including without limitation all claims for libel or violation of any right of publicity or privacy without my written consent.

I, _____, am a legally competent adult and a parent or legally appointed guardian of the minor named below and have the right to contract for the minor in this regard. I state further that I have read this document fully and understand the terms of this opt-out.

Name of minor (please print)

Name of parent/guardian (please print)

Signature of parent/guardian

Date

Address (Number, Street, Apt/Lot/Bldg/Unit, City, Zip Code)