



Photo Release Form

Date Child's Name

City, State Zip Code

Phone: Alternate Phone:

The signing of this form is strictly voluntary. I understand that I may withdraw my consent at anytime but that I must do so in writing. Please put your initials next to the item(s) below that you DO consent to. Check all that apply.

- _____ (initial for consent) permission to record my photograph,
- _____ (initial for consent) permission to record moving image, and
- _____ (initial for consent) permission to record audio clip;

By giving my permission I waive any proprietary rights I may have to them. I understand that it may be used in a number of ways that will promote the program including on our website, within agency publications or advertising, or shared with media partners.

Parent/Guardian Signature Parent/Guardian Print Name

I do not wish to have my image or voice released or used for any reason.

Parent/Guardian Signature Parent/Guardian Print Name