



MEDIA RECORDING RELEASE FORM (CHILD)

I, the undersigned, do hereby consent and agree that Permanent Learning Solutions, LLC, its employees, or agents have the right to take photographs, videotape, or digital recordings of my child _____ beginning on _____, and ending on _____ and to use these in any and all media, now or hereafter known, and exclusively for the purpose of education and marketing. I further consent that my child's name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Permanent Learning Solutions, LLC, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my child's identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that Permanent Learning Solutions, LLC is not responsible for any expense or liability incurred as a result of my child's participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name

Address

Phone

Witness for the undersigned

Signature

Date