

Parent Release Form for Media Recording

PHOTO/IMAGE RELEASE: By **not** signing this document, I give my consent for images (photographs, video) of my dependent to be taken and used to document the activities of Reflections School of Dance. I grant Reflections School of Dance permission to use the images for educational and promotional purposes. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, advertising, videos, and digital images on Reflections School of Dance's website, Facebook page, and other social media platforms. I agree that these images may be used by Reflections School of Dance for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

I understand that if I do not want images of my dependent to be used, I will indicate this in writing and the signed letter will be attached to this document.

Please sign below and submit to our office if you do NOT give permission for us to use your dependents' image(s).

Child's Name (Please Print)

Parent/Guardian Signature

Date: _____