

Mindfulness Moments
Photo Release Form

_____ I hereby grant permission to Mindfulness Moments to use photographs and/or video of my child taken during class sessions in publications, news releases, online, and in other communications related to the mission of Mindfulness Moments.

_____ I do NOT grant permission to Mindfulness Moments to use photographs and/or video of my child taken during class sessions in publications, news releases, online, and in other communications related to the mission of Mindfulness Moments.

Child's Full Name _____

Parent's Full Name _____

Parent Signature _____

Date _____