



302 W Foothill Blvd. Monrovia, CA 91016 (818) (818) 300- 4515

PHOTOGRAPHY & VIDEO RELEASE FORM

In consideration of the opportunity to provide certain statements and participate in photography or audio/ video taping relating to certain services of My Academy Preschool or its affiliated companies (collectively, " My Academy Preschool"). I, for myself and, in the case of a minor (the "Minor"), for myself and the Minor in my capacity as the Minor's parent/guardian, agree as follows:

1. I hereby consent to the recording of statements, photographs, and/or audio or video recordings taken of the Minor or me by My Academy Preschool or its contractors.
2. All statements, photographs, and/or audio or video recordings taken of the Minor or me, by My Academy Preschool or its contractors, may be used by My Academy Preschool for promotional, commercial or other purposes as determined by My Academy Preschool anywhere in the world in its sole discretion. Neither the Minor nor I shall have any right to control the use or publication by My Academy Preschool of the statements, photographs, and/or audio or video recordings.
3. All statements, photographs, and/or audio or video recordings taken of the Minor or me by My Academy Preschool or its contractors, shall be the sole property of My Academy Preschool. Neither the Minor nor I shall receive any compensation in connection with use of these statements, photographs, and/ or audio or video recordings for promotional, commercial or other purposes.
4. On behalf of the Minor and myself, I hereby release, waive and discharge any claims of any kind or nature arising out of or relating to the use of the statements, photographs, and/or audio or video recordings against MY ACADEMY PRESCHOOL or any person or firm authorized by MY ACADEMY PRESCHOOL to publish said materials ("Publisher"), Such release, waiver and discharge shall also extend to all affiliated companies, shareholders, directors, officers, employees, agents and assigns of MY ACADEMY PRESCHOOL and any Publisher.
5. This Release shall be binding upon the Minor and me, and our respective successors, heirs, assigns, executors, administrators, spouse and next of kin.
6. I HAVE READ THIS DOCUMENT AND I UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS ON BEHALF OF THE MINOR AND MYSELF (INCLUDING RIGHTS RELATING TO PUBLICITY AND PRIVACY WITH RESPECT TO THE COMMERCIAL USE OF ANY STATEMENTS, PHOTOGRAPHS, AND/OR AUDIO OR VIDEO RECORDINGS) AND I SIGN THIS RELEASE FREELY AND VOLUNTARILY.

Printed Name of Minor

Printed Name of Parent/Guardian

Date

Signature of Parent/Guardian

Age of Minor

State of California

Vision: _____

Developmental: _____

Insect stings: _____

Food: _____