**Video Recording Waiver**

By signing this document, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission to my assigned instructor for my session(s) to video record for the swimmer(s) to be able to visualize their stroke and to know what in specific to correct about their technique.

I acknowledge that instructors will send video to parent/guardian (if under the age of 18) or the client themselves (if age of 18 and older).

I acknowledge that these videos will not be accessible to the public and only Northside Swim Academy staff. If Northside Swim Academy asks the client for use of video or photo for social media, Northside Swim Academy will present to the client a waiver form stating that Northside Swim Academy has permission to use said photo or video for their social media page(s).

I acknowledge that I can terminate this waiver at any time with a written request sent to assigned instructor and management. When both the instructor and management receive written notice, this contract will be terminated. You will be notified about termination status when we receive your written notice.

Signature of Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Management: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_