

CULINARY ARTE

124A LOCUST STREET
ROSELLE 0720
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INFO@CULINARYARTE.COM



(908) 620-0200

PHOTOGRAPHY CONSENT FORM

Dear Parent/Guardian

As a parent of a child/student at CULINARY ARTE, I agree to the following:

I understand that my child(ren), whose name(s) are listed below may be photographed or videotaped at Culinary Arte for the duration of the class or event. I understand that these photographs may be used in promoting Culinary Arte's services either in print, digital, and/or social media.

PARENT/GUARDIAN NAME:

RELATIONSHIP TO CHILD

CHILD 1 NAME:

CHILD 2 NAME:

ADDRESS

CITY

STATE

ZIP CODE

I give permission for my child(ren) to be photopgraphed, or their images recorded for print or electronic use in promoting Culinary Arte services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation.

PARENT/GUARDIAN SIGNATURE

DATE