



I, \_\_\_\_\_, authorize photos of my child/children to be taken at  
and by Magical Adventures Learning Center, LLC for the purpose of the center.

I further understand I will receive a separate authorization if Magical Adventures Learning  
Center is to publish photos of my child/children, including, but not limited to, advertisements in  
flyers, newspapers, billboards, websites, or any other publications deemed appropriate for the  
purposes of Magical Adventures Learning Center, LLC.

NAMES OF CHILDREN AUTHORIZED:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

Date

\_\_\_\_\_

Parent/Guardian Signature

Date

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Wright City, MO 63390  
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636-327-6191 (fax)  
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