



**Photo Release Form**

I, \_\_\_\_\_, the parent/guardian of a child/children attending activities at Starbright Academy, agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed and/or have videos taken of them while participating in the activities provided by Star Bright Academy. I understand that these photographs and/or videos may be used in advertisements for Star Bright Academy in print and/or on the internet.

**The child(ren) that I am granting permission to be photographed and/or filmed:**

\_\_\_\_\_

With my signature below, I grant permission for my child(ren) to be photographed or filmed for advertisement purposes for Star Bright Academy in print and/or on the internet. I understand that it is my responsibility to update this form and notify Star Bright Academy in the event that I no longer wish to authorize the above uses. I understand that there will be no payment for me or my child's participation in this release.

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship to child(ren)** \_\_\_\_\_