OPTIONAL VIDEO RELEASE FORM

l,	_ (parent/legal guardian's full legal name), hereby grant permission to
as recorded on audio or video tape of "child") without payment or any other cons exhibited, published or distributed and wais child's likeness appears. Additionally, I waive	ts of the image, in video or still, and the likeness and sound of the voice
Photographic, audio or video recordings may	be used for any use which may include but is not limited to:
By signing this release, I understand this peribe electronically displayed via the Internet o	mission signifies that photographic or video recordings of my child may r in a public educational setting.
There is no time limit on the validity of this r may be distributed.	elease nor is there any geographic limitation on where these materials
to be bound thereby. I hereby release any a commercial or educational purposes.	nave completely read and fully understand the above release and agree and all claims against any person or organization utilizing this material for
Parent/Guardian Full Legal Name:	
Parent/Guardian Street Address:	
City: State:	Zip Code:
Phone Number:	
Email Address:	
Parent/Guardian Signature:	Date: