

PHOTO/VIDEO RELEASE FORM

Email Address_____

Parent Signature _____ Date____

I,, hereby grant permission to BBNS Academy & Sudden Change Academy, the rights of my child's image, in video or still, and of the likeness and sound of my child's voice as recorded on audio or video tape without payment or any other consideration. I understand that my child's image may be edited, copied, exhibited, published, or distributed, and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my child's image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.
Photographic, audio or video recordings may be used for ANY USE which may include but is not limited to: • Presentations; • Marketing, • Online/Internet Videos; • Media; • Grant Preparation, • News (Press);
By signing this release, I understand this permission signifies that photographic or video recordings of my child may be electronically displayed via the Internet or in the public educational setting.
I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.
There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.
This release applies to photographic, audio, or video recordings collected as part of the sessions listed on this document only.
By signing this release, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.
Parent's Full Name
Child's Full Name
Street Address/P.O. Box
City State Zip Code
Phone Fax