



## Parent Release Form for Media Recording & Photography

I, the undersigned, do hereby grant or deny permission to Gymnastics Academy of Charleston WA LLC to use the image of my child, \_\_\_\_\_, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Gymnastics Academy of Charleston WA LLC website.

- Deny permission to use my child's image at all.
- Grant permission to use my child's image in the following ways (mark all that apply):
  - Limited usage: I want my child's image used within the Gymnastics Academy of Charleston WA LLC setting only (not in the larger community).
  - Limited usage: I want my child's image used for educational materials only (not marketing). This could be either within Gymnastics Academy of Charleston WA LLC or in the larger community.
  - Limited usage: I want my child's image used on printed materials only (no digital or video use).
  - Unrestricted usage: I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by Gymnastics Academy of Charleston WA LLC for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

*This form will be kept on file at GAC.*

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*If you have questions, contact the office at the above number.*