

PHOTO RELEASE FORM



DATE: _____

This letter is to confirm that we have photographed or filmed your child(ren)

_____ today at Imagine That!!!

Your signature on this form serves as your permission for Imagine That!!! to utilize the photographs/films taken of your child in any form of advertising or display purposes. Examples of usage would be in the form of promotional materials, Facebook, magazines, telephone directories, and any other areas that Imagine That!!! may advertise.

Your child(ren)'s name will never be given to any organization and shall remain confidential within our company.

PLEASE PRINT:

Child Name: _____ Age: _____

Clothing Description: _____

Child Name: _____ Age: _____

Clothing Description: _____

Child Name: _____ Age: _____

Clothing Description: _____

Parent Name: _____

Address: _____

City: _____ State: _____ ZipCode: _____

EMAIL ADDRESS: _____

Parent SIGNATURE: _____