

# H2OSURVIVAL SWIM SCHOOL

Photo, video, digital RELEASE FOR MINOR CHILDREN

I, (print name) \_\_\_\_\_, parent or official guardian of  
(Child's legal name) \_\_\_\_\_ hereby grant permission to

**DBA: H2O Survival Swim School, Angela Brown**, to take and use for the following purposes:

**Check all that apply:**

- Photographs
- Videotape
- Digital images

**Of my child for the use of promotional or educational materials as follows:**

- Printed publications or materials
- Electronic publications or presentation
- Website: **H2Osurvivalswimschool.com**
- Social media: Facebook page and Instagram

**I agree that my child's name and identity:**

- May be revealed in the following manner \_\_\_\_\_
- May be revealed ONLY by first name, last initial and age as provided here  
\_\_\_\_\_
- May NOT be revealed

In descriptive text or commentary in connection with the image(s). I authorize the use of these images indefinitely without compensation to me. All negatives, positives, prints, digital reproductions, and videotape shall be the property of **H2O Survival swim school**.

DATE \_\_\_\_\_

DATE \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or Guardian

\_\_\_\_\_  
Signature of witness

ADDRESS of parent or guardian \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_. \_\_\_\_\_