



## Photo Release Form for Minors (if under 18)

As a parent or guardian of this student, I hereby consent Creative Beginnings School Association permission for the use of photographs/videotape taken during the course of their enrollment at Creative Beginnings. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Yes, I give consent to Creative Beginnings School Association to photograph my child for school purposes and/or at school events.

No, I do not authorize Creative Beginnings School Association to photograph my child for any purpose.

Parent/Guardian's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_