



Photo Release

Participant's name _____

Date of Birth _____

I, parent or guardian of the child listed on this form, hereby consent to and authorize the use of and reproduction by Seacrest School, or anyone authorized by Seacrest School, of any and all photographs, video, and/or artwork.

Yes _____

No _____

Parent's name (print) _____

Parent's (signature) _____

Date _____