

Skyers Child Development Center, LLC

Photo & Video Release Form

I do hereby grant to Skyers CDC the unlimited right to use and/or reproduce photographs, video, and voice of my child and myself in any legal manner for the internal and/or external promotional and informational activities of Skyers CDC.

I agree to allow mine and my child's picture, video, and child's work to be published on the Skyers CDC internet/intranet web pages and publications. I also agree for myself and to allow my child to be interviewed and/or photographed by representatives of the external news media in relation to any and all coverage of Skyers CDC in which they are involved.

I further understand that by signing this release, I waive any and all present or future compensation rights to the use of the above stated material(s).

Student's Name _____

Father/Guardian Signature _____ Date _____

Father/Guardian Name (please print) _____

Father/Guardian Address _____

Mother/Guardian Signature _____ Date _____

Mother/Guardian Name (please print) _____

Mother/Guardian Address _____

Witness Signature _____ Date _____

Witness Name (please print) _____