

**SAPC STUDIOS: PHOTO / VIDEO RELEASE FORM**

I, \_\_\_\_\_, the parent of a child/children:

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attending SAPC Studios: Musical Theater Review, hereby agree to the following:

I understand that my child(ren) whose name(s) are listed above may be photographed or video recorded during program hours and performance(s). I understand that these photographs and videos may be used in promoting studio services, either in print or on the Internet.

With my signature below I grant permission for my child(ren) to be photographed / video recorded, or their images recorded for print or electronic use in promoting the Daycare's services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Relationship To Child** \_\_\_\_\_