

Photo and Video Release Form

McFalls Academy L.L.C. has my permission to take photographs and record videos of my child in the learning environment. 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.

Parent/Guardian's Signature:

_____ Date _____

Parent/Guardian's Name (Print): _____

Child's Name: _____

Phone Number: _____