Consent Release Form Approval

Please Initial:
_____I Do Agree with the release above and give permission to have my child's photo or media for the above purposes.
_____I Do Not Agree with the release above and give permission to have my child's photo or media for the above purposes.
By signing below, I acknowledge that I have read and agree to all terms in this form.

Participant Signature (Adults):
_____

Parent/Guardian Signature (Minors):
_____

Date: _____