



Consent for Photographing/Films/Video Marketing, Commercial, or Educational Purposes

I authorize Little Flippers Swim School LLC to take photograph/film/video of _____ **(Childs Name)** for purposes of **advertising, training, news and marketing.**

_____ **(Parent's Initials)**

_____ I understand that the photos, films, or videos are the property of Little Flippers Swim School LLC, and that upon request I may obtain a copy.

_____ **I agree and authorize** use of the photos, film, or video for teaching purposes, which includes being shown to other Parents. I am aware that my name and identity may be disclosed.

(OR)

_____ I DO NOT authorize the use of these photos, film, or video for teaching purposes.

_____ **I agree and authorize** use of the photos, film or video in the advertisements of Little Flippers Swim School LLC. I am aware that my name and identity may be disclosed.

(OR)

_____ I DO NOT authorize the use of these photos, film or video for advertising.

_____ **I agree and authorize** Little Flippers Swim School LLC to place my photo, film or video on the Little Flippers Swim School LLC professional web site. I am aware that my name and identity may be disclosed.

(OR)

_____ I DO NOT authorize the use of these photos, film or video on any web site.

_____ I understand I may request cessation of filming or recording at any time during or prior to filming or recording.

_____ I understand that NO videoing/recording by a parent is allowed

I certify that I have read and understand this agreement, that all blanks were filled in prior to my signature, and that all my questions have been answered to my satisfaction.

Parent or Legal Representative Signature

Relationship (self, parent, etc.)

Date