

PHOTO/VIDEO RELEASE FORM

I hereby give permission for images of my child, captured during **Blue Frog School of Music events** through video, photo and digital camera, to be used solely for the purposes of **Blue Frog School of Music** promotional material and publications, and waive any rights of compensation or ownership thereto.

Name of Participant (please print):

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Age:

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Name of Parent/Guardian (please print):

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Parent/Guardian's Signature:

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Date:

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