



www.noblegardenacademy.org

Photo Release Form

Date: _____

Child(ren)'s Name(s):

Parent/Guardian Name:

Parent/Guardian Contact Information

Email:

Phone:

Authorization:

I, the undersigned, hereby grant permission to Noble Garden Academy to use photographs and/or videos of my child, as listed above, in all forms of media, including but not limited to social media outlets, newsletters, websites, and promotional materials.

I understand that these images may be used for educational and promotional purposes, and I waive any right to inspect or approve the finished product wherein my child's likeness appears.

Please indicate your preferences regarding photo use:

[] I authorize the use of my child's photo as stated above.

[] I do not authorize the use of my child's photo.

Signature of

Parent/Guardian: _____ Date: _____

Emergency Contact (if applicable): _____