



INFANT SWIMMING RESOURCE LLC

photo, video, digital RELEASE FOR MINOR CHILDREN

I, (print name) _____, parent or official guardian of

(child's legal name) _____ hereby grant permission to

Infant Swimming Resource LLC, _____ a fully certified Instructor, to take, submit to Infant Swimming Resource LLC and use:

- (check all that apply:) → photographs
 videotape
 digital images

of **my child** for use in promotional or educational materials as follows:

- printed publications or materials
 electronic publications or presentations
 web site (www.infantswim.com)

I agree that my child's name and identity:

- may be revealed in the following manner _____
 may be revealed ONLY by first name, last initial and age as provided here, _____, _____. _____ months / years
 may **not be** revealed

in descriptive text or commentary in connection with the image (s). I authorize the use of these images indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and videotape shall be the property of Infant Swimming Resource LLC

(Date)

(Date)

(Signature of Parent or Guardian)

(Signature of Witness Infant Swimming Resource Instructor)

(Address of parent or legal guardian)

(City, State, Zip)

Phone number (_____) _____ - _____

Email _____@_____.

