PHOTO RELEASE FORM

From time to time ELEVATE USA may desire to use a picture of your child taken during our events or programs. These pictures may be used for a variety of lawful purposes including press releases, brochures, flyers and web postings. Please complete the photo release form below to allow us to use photos of your child for these purposes.

I agree that ELEVATE USA may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content. I acknowledge that only ELEVATE USA is authorized to use the images.

I understand that I may revoke this authorization at anytime except to the extent that action based on this authorization has already taken place. I hereby release ELEVATE USA and its officers from any legal responsibility or liability based on this use of these images.

I have read and understand the above:

Student Signature _____

Printed name _____ Date _____

Home Address _____

Phone _____ Email _____

For children under the age of 18:

Signature of Parent/Guardian _____

Printed Name: _____ Date: _____

Home Address _____

Phone _____ Email _____