



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

I authorize Little Flippers Infant Aquatics and Swim to take photograph/film/video of \_\_\_\_\_ (Parent's 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 Infant Aquatics + Swim, 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 Infant Aquatics + Swim. 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 Infant Aquatics + Swim to place my photo, film or video on the Swim and Smiles 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 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**

\_\_\_\_\_