

EAGLES' WINGS STUDIO

PHOTO RELEASE FORM

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ACKNOWLEDGEMENT

PLEASE PRINT AND SIGN THIS PHOTO RELEASE FORM AND BRING IT WITH YOU TO THE REQUIRED PARENT MEETING ON AUGUST 25TH, 2017.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURE BELOW. I ACCEPT:

Student Name: _____

Student Signature: _____

Date: __ / __ / ____

Parent Signature (if under 18) : _____

Date: __ / __ / ____