PHOTO/VIDEO RELEASE FORM



DATE: _____

Dear Parents,

If you would like to see occasional pictures and videos of your kids posted on social media (Facebook and Instagram), please print your name and sign below to allow us to post them.

Parents listed below grant permission to Bright Minds LLC and its employees the right to post photographs and/or video images taken of their children at our Center only with the purpose of sharing events or activities on social media, no names will be mentioned or tagged. Parents signing below hereby release Bright Minds LLC and its legal representatives for all claims and liability relating to said images or videos.

Parent or Legal Guardian PRINT NAME	Parent or Legal Guardian SIGNATURE	Child Name (s)	DATE