

## Photograph Release Form

To: Parent or Guardian

Club or Center: \_\_\_\_\_

Address: \_\_\_\_\_

Concept2 Inc. and (*name of Health Club*) \_\_\_\_\_ would like to take photographs of children in a health club setting at the facility named above. These photographs may appear in Concept2's printed publications, on the Concept2 website or both.

Before taking any photographs of your child, we need your permission. Please answer questions 1 and 2 below, then sign and date the form where shown. Please return the form to the manager at the club named above.

1. May we use your child's photograph in publicity material produced by Concept2, including printed publications and the Concept2 website?

YES / NO

2. We occasionally send publicity material about Concept2 programs, including photographs where appropriate, to the media. Can Concept2 use your child's photograph in this way?

YES / NO

Date: \_\_\_\_\_

Name of Parent/Guardian (please print): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_