



Release, Waiver and Discharge Form

By signing this document, I understand that my child,

Name _____, Age _____, Gender _____ may be the subject of individual or group photographs or videos taken in his/her class. I approve the use of my child's image in various media including, but not limited to newspapers, television and electronic media to be used in the promotion of the programs.

I hereby release, waive, and discharge "Solid Education", and its officers, instructors and voluntary officials, of and from all claims, demands, damages, costs, actions, and causes of action, in respect to injury or damage, to my child's person or property, arising from my child's participation in the program.

By signing below, I am indicating I have read the policies above and agree to adhere to these policies outlined.

Parent (Guardian) Signature _____

Relationship to the child: _____

Emergency Contact Name: _____

Phone Number: _____

Date: _____