



Sun Gallery

Parent/Guardian/Student Photography/Video Release

Parent/Guardian Names:

Child/Student Name _____

City _____ Zip Code _____

Phone (Cell) _____ Home phone _____

Email _____

Photography/Video Release:

Your child/student may have his/her photograph, audio recording and/or video image included in a publication or website which shall be used for educational or informational purposes. Further, your student's image may appear as part of educational materials which may take the form of web site content, streaming video, and/or multimedia project. No home addresses, email addresses or telephone numbers will appear with any such images.

I consent to the use, reproduction, editing and/or broadcast by Sun Gallery of any and all photographs, video and audio recordings of my child (or of myself, if 18-years old) taken by or on behalf Sun Gallery, without compensation, for use in any print, electronic, or web-based publications.

Parent/Guardian Signature

Date _____