

Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to Gymnastics Training Center to use the image of my child,
 □ Deny permission to use my child's image at all □ Grant permission to use my child's image in the following ways (mark all that apply):
Parent/Guardian Signature: Date:
Please make a copy of this form for your own records and return the original to Gymnastics Training Center.

If you have questions, contact Heather Fullmer at HeatherFullmer5@gmail.com