



## Photograph and Videotape Release Form

I/we hereby freely grant RISE Center permission to photograph and videotape my child,  
\_\_\_\_\_ for public relations in any media. Please indicate any exception(s):  
\_\_\_\_\_

I/we further release RISE Center for any and all claims for damages for libel, slander, invasion of the right of privacy, or any other claims based on arising out of, or connected with the use of such photographs/  
videotapes.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date