



Photo Release Form

I _____, Parent/Guardian of
_____ understand photos of my
child(ren) may be taken during their time spent with after school kicks.

I give permission for my child's photo to be taken and displayed, to be seen by other children and families visiting A.S.K, as well as for promotional use on our website and social media pages.

I DO NOT give permission for my child(ren) to be photographed.

(Signature)

(Date)