



Photo Release Form

I, _____ (parent/guardian), grant permission to Story Time Yoga to take and use photographs of my child, _____ (child's name), for the following purposes:

- Website content
- Social media platforms
- Promotional materials
- Newsletters
- Educational displays

Understanding & Agreement:

- No personal identifying information (full name, address, etc.) will be published with photos
- Images will be used appropriately and respectfully
- Permission valid until revoked in writing

I GIVE PERMISSION as specified above

I DO NOT GIVE PERMISSION to use my child's photos

Parent/Guardian Signature: _____ Date: ___/___/___

Print Name: _____

Contact Email: _____ Phone: _____