



Photo Release Permission Slip

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the learning sessions for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

____ Yes, I give consent for the Brilliant Kids NYC program to photograph/videotape my child for the program purposes and/or at program events.

___ No, I do not authorize the Brilliant Kids NYC program to photograph/videotape my child for any event.

Parent Signature: _____ Date: _____

Student's Name: _____