Photo/Video Release Form

Child's Name: _____
Date of Birth: _____

I, the undersigned parent/guardian of the child named above, hereby grant permission to **Smart Fit Kids** and its staff to take photographs and/or video recordings of my child while participating in program activities.

I understand that these images/videos may be used for:

- Classroom projects and displays
- Program newsletters and parent communication
- The center's official website or social media pages
- Marketing or promotional materials for the program

I further understand that:

- My child's last name will not be used in any public postings.
- Photos/videos will be used in a respectful and appropriate manner.
- I may revoke this consent at any time by providing written notice to the center director.

□ I give permission for my child's photo/video to be taken and used as described above.
□ I do not give permission for my child's photo/video to be taken or used.

Parent/Guardian Name (Print): _____
Parent/Guardian Signature: _____
Date: _____

Director Name (Print): _____
Director Signature: _____
Date: _____