

KIDZ IN MOTION

Consent to Use Photos

Child's name: _____

Please read carefully before you sign the consent form.

I hereby give the William G. Rohrer Center for HealthFitness permission to use photographs (individual or group – still or video) of my daughter or son in their program promotion, including newspapers, magazines, news bulletins, movies, television, displays and in training materials.

Parent or Guardian Signature and Date:

I DO NOT give the William G. Rohrer Center for HealthFitness permission to use photographs (individual or group – still or video) of my daughter or son in their program promotion, including newspapers, magazines, news bulletins, movies, television, displays and in training materials.

Parent or Guardian Signature and Date:
