



Miracles and Memories Academy

Consent to Photograph or Video

PARTICIPANTS NAME	
I give permission for the staff of Miracles and Memories Academy to photograph and/or take videos of my participant during the time he/she is attending the program and that these photographs/videos are to be used only for Miracles and Memories Academy newsletter, website, Facebook, Instagram, program photo album or advertising for the program.	
PARENT/GUARDIAN SIGNATURE	DATE
PARENT/GUARDIAN NAME (PRINT)	RELATIONSHIP TO CLIENT