



Student Name: \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_

**CHEC Photo, Video, and Audio Consent and Release Form**

From time to time photographs, videos, and/or audio clips may be taken of youth and adults engaging in Community Homeschool Enrichment Center (CHEC) classes and activities.

CHEC requests the right to use all photos, videos, and/or audio clips taken of participating youth and adults, programs, and activities. These may be used for promotional brochures, promotions or showcase of programs on our web sites, showcase of activities in local newspapers, and other not-for-profit purposes.

I **DO**  **DO NOT**  consent to allow CHEC to use photos, videos, and/or audio clips that they have of my child or children or myself participating in CHEC courses and activities, and I agree to give up my rights with regards to CHEC photos, videos, and/or audio clips of me and my child(ren).

**Name(s) of Child(ren):** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Parent/Guardian:** \_\_\_\_\_

*This form may be revoked at any time.*