

**The Adventure Programs**  
**10555 Spring Cypress**  
**Houston, TX 77070**  
**281-370-4080 (Fax: 281-378 4081)**

**Photograph Release Form**

**Child's Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Parent's Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

**Home Phone Number:** \_\_\_\_\_

**PHOTOGRAPH/VIDEO**

From time to time, The Adventure Programs will photograph or videotape your child for use in classroom activities, parent events, local publicity, or for inclusion in the school newsletter. Please check one of the choices below.

\_\_\_\_\_ I give permission for The Adventure Programs to photograph/video tape my child for the uses outlined in the paragraph above.

**OR**

\_\_\_\_\_ I give permission for my child's teachers to take photographs of my child for use in the classroom activities or programs that may arise during the school year.

**OR**

\_\_\_\_\_ **I DO NOT** wish to have my child photographed or video taped while attending The Adventure Programs for any reason.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent of Legal Guardian)