



DIGITAL RELEASE FORM FOR MINOR CHILD

I, being the Parent / Legal Guardian of _____, hereby consent to the use
(print student's name)

of images, depictions, and recordings notated below of the above-named minor by Infant Swimming Resource and / or Swim Babies, LLC their assigns or successors at its sole discretion. I, with my signature below, acknowledge that such photographs, films, recordings, and videos shall be the property of Infant Swimming Resource and / or Swim Babies, LLC and that they shall have the right to sell, duplicate, reproduce, and make other uses of such media as notated below as they may desire free and clear of any claim whatsoever.

- Digital images
- Photographs
- Video Tape

of my child for use in promotional or educational materials as follows:

- Electronic publications or presentations
- Social media pages (e.g. Facebook / Twitter / Instagram)
- Printed publications or materials
- Website

I agree that my child's name and identity:

- May be revealed ONLY by first name, last initial and age as follows:

_____, _____, _____ months / years

- May **NOT BE** revealed in descriptive text or commentary in connection with the image(s).

I authorize the use of these images indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and videotape shall be the property of Infant Swimming Resource and / or Swim Babies, LLC.

Acknowledged and agreed to this _____ day of _____, 20 _____.

Parent _____ Parent Signature _____

Address: _____ Zip: _____ Phone: _____

Instructor _____ Instructor Signature _____