

Photo (Media) Release Form

I give my permission for my son/daughter to be photographed by a representative of People Incorporated in conjunction with the Ropes Course activities. I also hereby grant my permission for those photographs to be used by People Incorporated for advertisement use on social media. Those social media include:

https://www.facebook.com/PeopleIncofSC

Signature:	
	(Parent and/or Legal Guardian)
Printed Name:	
Student Name:	
Address:	
Phone Number:	
Date [.]	