

FIT 4 ALL ABILITIES

Photo/Video Release Form

I, _____, parent/guardian of _____ hereby grant and authorize Fit 4 All Abilities, located at The Arena Fitness, the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or videos taken of me and the minor listed above to be used in and/or for legally promotional material including, but not limited to, newsletters, flyers, posters, brochures, advertisements fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration. This authorization extends to all media, formats and markets now known or hereafter devised. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing.

I hereby hold harmless, and release Fit 4 All Abilities from liability, petitions, and causes of action which I, my representative, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

Parent/Guardian's signature: _____ Date _____

Parent/Guardian's Name: _____

Child's Name: _____

Phone Number: _____