



## Student Photo Release Form

I, \_\_\_\_\_ (parent/guardian) give BEYOND NUTRITION, LLC permission to use my child's photograph or photographic image in official BEYOND NUTRITION business, including: business web site, newsletters, Facebook, slideshows, etc. I understand that photographic images or video may be used for news organizations and promotional purposes only.

- Yes, I agree with the release form.
- No, I do not agree with the release form.

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_