

Challenger Learning Center- St. Louis

PHOTO/VIDEO RELEASE FORM

I give permission to Challenger Learning Center- St. Louis to use my/or my child's image/photograph for publicity or promotional purposes without compensation, including social media outlets, such as Facebook. I understand that my/my child's name, photograph and/or video of my child may be distributed to local/regional media for promotional/public relation purposes.

Date of Program

Child's Name

(____) _____
Emergency Telephone Number

Signature of Parent/legal guardian (if under 18)

Date of Signature

If you would like to receive information about future programs and discounts, please provide the following information: Name: (Please print) _____

Address: _____ City: _____ State: _____ ZIP: _____

E-Mail: _____ Child's Birthdate: __/__/____

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Date of Program

Child's Name

(____) _____
Home Telephone Number

Signature of Parent/legal guardian (if under 18)

Date of Signature

If you would like to receive information about future programs and discounts, please provide the following information: Name: (Please print) _____

Address: _____ City: _____ State: _____ ZIP: _____

E-Mail: _____ Child's Birthdate: __/__/____