

OMAHA ACADEMY OF BALLET

Photo/Name Release Form

Student Name (Please print.): _____

_____ I give my permission for Omaha Academy of Ballet to include my child in photographs, video recordings, printed material and/or local media stories about Omaha Academy of Ballet. I understand Omaha Academy of Ballet will use these materials for informational & promotional uses only.

_____ I give permission for Omaha Academy of Ballet to include my child's photograph without my child's name on the Omaha Academy of Ballet and/or official photographer's websites. I understand Omaha Academy of Ballet will use these materials for informational & promotional uses only.

_____ I give my permission for Omaha Academy of Ballet to use my child's name with no photograph on the Omaha Academy of Ballet and/or official photographer's websites. I understand Omaha Academy of Ballet will use these materials for informational & promotional uses only.

Parent/Guardian Signature _____

Date _____