



Kauai Academy of Creative Arts

Photography/Video Release Form

Dear Parent/Guardian

As the parent of a child at the Kauai Academy of Creative Arts summer program, I agree to the following:

(Please Initial One Statement)

_____ I understand that my child whose name is listed below may be photographed at KACA during normal summer school hours or activities including Open House. I understand that these photographs/videos may be used in promoting our summer art program either in print or on the internet.

_____ I do not want any photographs/videos of my child taken.

Parent/Guardian Name: _____ Relationship to Child: _____

Child's Name: _____

I give my permission for my child to be photographed, or their images recorded for print or electronic use in promoting Kauai Academy of Creative Arts. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Parent/Guardian Signature: _____ Date: _____

(Please mail form in prior to first day of program.)