

BEST Photo and Video Release 2022-2023



Legal Name _____ Date of Birth _____
Last First Middle Suffix (Jr., Sr., etc.) (mm/dd/yyyy)
Grade _____

I give BEST Skills Academy permission to use a photograph or digital video of my child as part of material (website, publications, social media, etc.) associated with the school.

I DO NOT give BEST Skills Academy permission to use a photograph or digital video of my child as part of material (website, publications, social media, etc.) associated with the school.

Parent Signature

Date
