



Photo and Video Release Form

Please type or print clearly and return form
to the Academy
with registration documents.

I hereby give my permission, as the parent/legal guardian of the MA²S student named below, for the use and reproduction of video footage, photographs or voice recordings of the participating student. I understand that the use of the student's image and/or voice will be primarily for the purposes of education and/or promotion by MA²S.

Student's Name: _____

Birthdate (MM/DD/YY): _____

School: _____

Name of Parent/Legal Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ - _____

Signature of Parent/Legal Guardian: _____

Date: _____