



PHOTO/VIDEO RELEASE FORM

I, _____, the participant or parent of a child/children at United Studios of Self Defense Dana Point (Hereinafter known as "USSD Dana Point" or the "Dojo"), agree to the following regarding the participant(s):

I understand that I and/or my child(ren), whose name(s) are listed below, may be included in photos or videos at the Dojo during normal business hours, in lessons or at special events like Ninja Night. I understand that these photographs and/or videos may be used in promoting our Martial Arts services in print, on our website, and/or social media accounts.

My child(ren)'s name(s): _____

With my signature below, I grant permission for images and videos that include myself and/or my child(ren) to be recorded for print or electronic use in promoting the Dojo's Martial Arts services. I agree that this form will remain in effect during the term of my/my child(ren)'s enrollment. I understand that there will be no payment for my/my child(ren)'s participation in this release.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses.

Signature (parent/guardian if participant is under 18 years old):

Date: ____ / ____ / ____ Relationship to Child(ren): _____