



PHOTO RELEASE FORM

678-923-6054 | artsofcobb.com

Please read through this form and fill out accordingly.

NAME OF GUARDIAN

NAME OF CHILD



I am allowing ARTS of Cobb to use photos of my child for its business. This may include but is not limited to: their website, social media, and flyers. I understand that my child's name will never be shared publicly.

By signing this form, I acknowledge the terms and conditions of ARTS of Cobb.

CONTACT DETAILS

E-MAIL

MOBILE

ADDRESS

SIGNATURE OF PARENT/GUARDIAN

DATE:

Please speak to Miss Lala if you have any questions or concerns about this consent form.